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PLACE
STAMP
HERE

Sample Organization
Address
City, state, Zip

Yes, I want to help!

\$25 \$50 \$100 \$500 \$1,000 Other \$ _____

Please make checks payable to: ***Your Name Here***

Please charge my VISA MasterCard Discover AMEX

Card #: _____

Name on Card: _____

Exp. Date: _____ CVV: _____ Signature: _____

Please make my gift in Memory Honor of: _____

Notify Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please send me more information on:

Volunteering Planned Giving Opportunities

Thank you for your support!