



*Compassion for Life*

## Donation Form

Please provide the information requested below. Your gift is tax-deductible to the full extent of the law and may be eligible for a matching contribution from your current or former employer.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please charge my**  MasterCard or  Visa. **Amount of Gift:** \_\_\_\_\_

**Name as it appears on card:** \_\_\_\_\_

**Address of cardholder** (if different from above): \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If you would like to send a check, mail this form with your check payable to Four Seasons, 571 South Allen Road, Flat Rock, NC 28731. 828-692-6178.

**My check is enclosed in the amount of \$** \_\_\_\_\_

**This gift is made:**  in memory of  in honor of  unrestricted

Would you like us to notify anyone of your gift?

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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