

# CWLA Donation Form



All gifts are tax deductible as provided by law.

PLEASE PRINT OR TYPE

## GIFT

Total Gift or Pledge \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Pledge Balance \$ \_\_\_\_\_ to be paid  Quarterly  Annually over  1 year  2 years  3 years

## MATCHING GIFT

Gift will be matched by \_\_\_\_\_ (Please attach company form.)

## HONOR OR MEMORIAL DESIGNATION

In Honor Of  In Memory Of

PERSON (S)

PLEASE NOTIFY

RELATIONSHIP TO DESIGNEE

ADDRESS

CITY/STATE/ZIP

All honor and memorial gifts are acknowledged, but the amount of your gift remains confidential.

## DONOR INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

EMAIL

CWLA has earned the Best in America seal of excellence from Independent Charities of America. We value every donor, and we never sell or rent donor names. See our Pledge to Donors at <http://www.cwla.org/donate/donorpledge.htm>.

## I have remembered CWLA in my ESTATE PLAN.

In my will  As beneficiary of insurance  As beneficiary of a trust  Other

Please send me information about these options.

## PAYMENT METHOD (FED I.D. # 13-1641066)

Check # \_\_\_\_\_ (made payable to CWLA)  Please charge my  MasterCard  Visa  AmEx

CARD NUMBER (INCLUDE THE FOUR-DIGIT SECURITY CODE, IMPRINTED IN THE SMALL TYPE ON THE FRONT OR BACK OF YOUR CARD)

EXPIRATION DATE

CARDHOLDER'S PRINTED NAME

CARDHOLDER'S SIGNATURE

**Thank You for Your Generous Support!**