



*The Evergreen Villages Foundation*

Please PRINT

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Donated by: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ General \_\_\_\_\_ Memory of \_\_\_\_\_ Honor of

\_\_\_\_\_ Project Fund

In the Name of or Project Name:

\_\_\_\_\_

Name and address for notification of gift:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An acknowledgement will be sent to you and the honorees.

**Credit Cards**– Visa, MasterCard and Discover

Acct #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Authorization Signature for stated amount:

\_\_\_\_\_

**Initial if your gift should remain anonymous** \_\_\_\_\_