

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!