HONOR/MEMORIAL INFORMATION

This gift is (check one): in honor of; in memory of
Name(s) of honored
Name(s) of remembered
Please notify the following person

At this address

Financial information about this organization and a copy of its license are available from the State Solicitation

Licensing Branch at 919-807-2214. The license is not an endorsement by the State.



ALDER SPRINGS DEAF & BLIND COMMUNITY

PO Box 1397 Morganton, NC 28680



EVOLVING COMMUNITY CAPITAL CAMPAIGN

My Gift & Pledge

828.443.7723 (Voice/Text) • 828.475.0684 (VP) aldersprings.org

Make a Gift! Use this Card or Give Online

- Single payment or recurring gifts
- Multi-year pledges or custom recurring gifts
- Noncash gifts (stock, securities, mutual funds)
- Pay by Cash/Check or Credit Card
- Online giving at aldersprings.org (Donate)
- · All gifts are tax deductible as allowed by law

I/we express support of the Alder Springs project by subscribing to a total of \$_____

I/we	are	making	(check	one	١:
17 VV C	aic	making	CHICCK	Olic	,,

/	A Single	Paym	nent	Gift	in	the	amo	unt
(of \$							

- A Recurring Online gift amount of \$_____ to be given (circle one): weekly, every other week, monthly, quarterly, annually.
- ___ A Multi-year Pledge (Custom Recurring Gift); see the annual schedule below:

\$_	;	\$;	\$
	2024	2025	2026
\$_	;	\$;	\$
_	2027	2028	2029

Payments to be made (check one):

- ___ Monthly; ___ Semi-annually;
- ___ Quarterly; ___ Annually
- ____ Please manage pledge payment reminders.



Other Important Information (check all that apply)

- ___ A company or employer will match this gift.
- This gift is in honor of, or in memory of, as indicated on the back of this card.
- ____ I/we desire to pay by credit card; please call us for credit card information.
- Permission granted to include our name(s) on a Donor Wall at Alder Springs.
- We have other ideas about how to give; please call us.

Please make checks payable to:

Alder Springs Deaf & Blind Community PO Box 1397, Morganton, NC 28680

Please print the name or names of individuals (and business names, if applicable) associated with this donation below.

Print Complete Donor Name				
Mailing Ad	dress	City		
State	Zip	Phone		

Donor Signature (required) Date



Email

Scan Here to Find Out More Ways to Give!