

## **Donation Form**

## **Contact Information**

Name:				
Add	dress:			
			State: Zip:	
Phone:			Email:	
Gif	t Information			
Enclosed is my gift of \$				
Use my gift (choose one): Use my gift (choose one):			Where it's needed most	
			Other:	
	I would like to become	a Just	tice Keeper, giving \$ per month.	
	I would like to receive more information about including Pisgah Legal Services in my estate plans.			
	This gift is in honor/memory (circle one) of:			
Please send an acknowledgment of this honor/memorial gift to (Name/Address):				
Payment Method				
	My check (payable to Pisgah Legal Services) is enclosed.			
	Please charge my credi	Please charge my credit card:		
			Exp. Date: / CVV:	

For more information, please contact Ally Wilson at (828) 210-3444 or ally@pisgahlegal.org.

## Thank You!

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