



# Gift Donation Form

|   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Enclosed is my gift of: \$ _____ | <input type="checkbox"/> Make this a monthly gift                                 |   |   |   |
| <input type="checkbox"/> Please bill my credit card:      |  |  |  |  |
| _____   | _____   | _____   | _____   | _____   |
| Credit Card Number  | CVV Code  | Exp. Date   |   |   |
| _____   | _____   | _____   | _____   | _____   |
| Name as it appears on card                                | Signature   |   |   |   |

## Donor Information

|                              |                  |           |                              |
|------------------------------|------------------|-----------|------------------------------|
| _____                        | _____            | _____     | _____                        |
| Salutation<br>(Mrs./Ms./Mr.) | First Name       | Last Name | Title<br>(Ph.D., Esq., etc.) |
| _____                        | _____            | _____     | _____                        |
| Address Apt./Suite/Floor     | City/ State/ ZIP |           |                              |

### Optional:

|   |              |
|---|--------------|
| _____   | _____        |
| Email Address (Required if this is a monthly gift.) | Phone Number |

### Is this gift in honor or memory of someone? If so, please indicate:

- Yes, this gift is in honor of a special occasion or a living person.
- Yes, this gift is in memory of a deceased loved one.

Honoree's Name: \_\_\_\_\_

### If you would like us to notify someone of your gift, please fill in this section:

- Include gift amount in notification

Who should we notify? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Message: \_\_\_\_\_

Questions? Please contact us at

[info@evece.org](mailto:info@evece.org)

Please return this gift form to:  
**The EVECE Foundation**  
**P.O. BOX 54671**  
**ATLANTA, GA 30308**