

**Please Fax this form to (404) 785-7999 * mail to 1655 Tullie Circle, Atlanta, GA 30043*
or call (404) 785-7221 for assistance.**

Donor Information

Name: _____

Company Name (if corporate gift): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email: _____

How did you hear about us?

- Newsletter
- Direct Mail
- Web site
- Radio
- Magazine/Newspaper
- Board/Advisory Council Member
- Email
- Friend
- Other _____

Tribute – I would like my gift to be in honor of or in memory of a special person

My gift is: _____ in honor of _____ in memory of _____

Please notify:

Name: _____

Address: _____ City: _____

State: _____ Postal Code: _____

- Check here if you wish for your gift to remain anonymous.

Gift Frequency

- I would like to make a one-time gift for the following amount \$ _____

- I would like to make a recurring gift

Gift Amount: \$ _____

Payment Frequency: Monthly Quarterly Annually

Payment Information

- My check is enclosed

- Please bill my credit card Visa MasterCard American Express Discover

Cardholder's Name: _____

Credit Card Number: _____ Expiration: _____

Cardholder Signature: _____

- My employer will match my gift—please request the appropriate form from your employer and send it to us.

- If different from above, please provide billing information below

Address: _____

City: _____ State: _____ Postal Code: _____

Subscribe to our eNewsletter!

- I would like to receive *Safety Net*