

# Mail-In Gift Form

www.discoveryhomecare.org

Please return this donation form to:  
Discovery Home Care Inc.  
P.O. Box 669503 Charlotte NC 28266-9503  
Fax: (704) 854-9352

Discovery Home Care Inc. is exempt under Section 501 (c) (3) of the Internal Revenue Code, making this gift tax deductible.

\_\_\_\_\_  
Title First Name Last Name

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
Street Address City State Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Daytime Phone Evening Phone E-mail Address

- Individual Gift  Company Donation  Sign-up for e-mail news and updates  
(We respect your privacy and will not share your e-mail address with third parties.)
- Mail General Info Pack

## GIFT INFORMATION:

- Enclosed is my gift of \$ \_\_\_\_\_ (Please make check payable to Discovery Home Care Inc.)
- Charge my credit card for \$ \_\_\_\_\_  I would like to give this amount each month  
Please charge my card monthly on the  1<sup>st</sup> or  15<sup>th</sup>
- Visa  MasterCard  American Express  Discover Card

\_\_\_\_\_  
Credit Card Number / \_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Authorized Signature

I am making my gift:  In memory of  In honor of \_\_\_\_\_

Occasion:  Birthday  Anniversary  Wedding  Other \_\_\_\_\_

Please send an acknowledgement card to the family or friend noted below:

\_\_\_\_\_  
Title First Name Last Name

\_\_\_\_\_  
Street Address City State Zip Code