

## **Printable Donation Form**

MAIL COMPLETED FORM TO: 915 E McLemore Ave, Suite 201 • Memphis, TN 38106

Donation Amount: \$	☐ One Time ☐ Monthly
BILLING INFORMATION	
Name:	
Address:	
	State: ZIP:
Home Phone: ( )	Cell Phone: ( )
Email Address:	<u>_</u>
I would like to receive email communications.   Yes No	
Donate by check: Mail check and this form to 915 E McLemore Ave, Suite 201, Memphis, TN 38106	
Donate by credit card:  Please charge my credit card with my contribut Recurring monthly donations occur on the 20th of every me	tion of: \$ (All amounts will be charged in U.S. dollars.) onth.
Circle the card type:  MasterCard  VISA  DISCOVER  METHODISC  METHODISC  DISCOVER  DIS	ICAN RESS
Please print Card # using <b>Black</b> or <b>Blue</b> ink.	Exp. Date (MMYY)
Name on card:	
Authorizing Signature:  Please print name clearly	
I would like to cover the processing fee.	
What inspired you to give today?	
-	
Are you dedicating this donation?	
■ No	
Yes, my donation is in honor of	Name of Individual
Yes, my donation is in memory of	
Would you like Memphis Rox to send a card to someon Your gift amount will not be included in the card.	•
No, do not send a card.	
Yes, send a card to:	
Name:	
Address:	
Personal message and signature ( <i>maximum of 120 characters</i> ):	

**DOUBLE YOUR IMPACT!** By using your employer's matching gifts program, you could double or triple your support to Memphis Rox Climbing and Community Center. For questions, please email donate@onefamilymem.org