

**Yes,** I/we want to give a gift to help people challenged by age, ability, or health to realize their unique gifts, talents, and dreams!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Enclosed is my/our contribution of:

\$1,000     \$500     \$250     \$100     \$50     \$25     \$ \_\_\_\_\_

Check enclosed (*payable to Wingspan Life Resources*)

Please charge my/our     Visa     MasterCard

Credit card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on account (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to support Wingspan with a monthly donation. Please charge \$ \_\_\_\_\_ to the above credit card beginning on \_\_\_/\_\_\_ (*month/year*), to be continued monthly thereafter.

This gift is     in memory     in honor of: \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

This gift is given anonymously; please do not list in publications.

I/we have included Wingspan in our will and/or estate planning.

I/we would like more information on including Wingspan in estate planning.

I/we would like to receive news and updates from Wingspan by e-mail.

E-mail address: \_\_\_\_\_

**Double your gift!**  
**Ask your employer for a matching gift form and send it with your donation.**

***Thank you for your generosity!***



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