

Endowment Donation Form

Thank you for your contribution to Families of Autistic Children in Tidewater which promotes social, recreational, and vocational programs designed to meet the needs of individuals with autism.

Name _____

Organization _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Please Select a Donation

Amount:

I would like to donate \$ _____ to the FACT Endowment.

Gift Frequency (please select): One-time _____, Monthly _____, Quarterly _____,

Annually _____ (please select: 2 years, 3 years, 4 years, 5 years duration)

This is a gift in memory of (Name) _____

Please notify Name _____ Address _____

This is a gift in honor of (Name) _____

Please notify Name _____ Address _____

Ways of Giving

Cash, Credit Card, or Check made payable to FACT

Appreciated property or securities.

Bequest to FACT in your will

Living Trust with FACT as a beneficiary

Retirement fund or IRA with FACT named as a beneficiary

Life insurance with FACT named as a beneficiary

No goods or services were exchanged for this donation. Thank you for your support.

Questions? Contact the Executive Director at : pam4fact@gmail.com, or call 757--422--2040.

Credit Card Payment

Credit Card: _____ Visa _____ MasterCard _____ Discover

Please print your name as it appears on credit card

Address

City, State, Zip

Phone

Credit Card Number _____

3---Digit Security Code: _____

Expiration: _____

Signature: _____