



## The Place of Purpose Community Pledge/Donation Form

### Our Mission

*Provide a safe and accessible place for people with Friedreich's Ataxia to live and grow. Create a family atmosphere for the residents as they learn to adapt to their ever changing physical needs. We believe that God has plans for every individual no matter their physical conditions. We will strive to find that plan and purpose for our residents while giving them the daily needed attention they require.*

### Donor Information (please print)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Pledge/Donation Information

I (we) pledge/donate a total of \$ \_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly

I (we) plan to make this contribution in the form of :  check  cash  credit card  other

Credit Card type/Exp date \_\_\_\_\_

Credit Card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

### Acknowledgement Information

Please use the following in all acknowledgments or in memory of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ We wish to have our gift remain anonymous:

\_\_\_\_\_

**Signature (s)**

**Date**

Please make checks, corporate matches, or other gifts payable to:

The Place Of Purpose Community 16859 Rudence Ct Charlotte NC 28278

**EIN #87-1548213**