

I/we agree to	contribute \$ to The Campaign for Sharon Towers: Embracing Our Future, Honoring Our Past
In accorde	ance with the priorities outlined in The Campaign, 80% of all gifts and pledges will be designated for capital enhancements and 20% will be designated for the Residents' Assistance Fund.
	My/Our contribution will be paid over a period of: 1 Year 2 Years 3 Years
	I/We will begin giving in / (mo/yr)
	A check for \$ is enclosed. Please make checks payable to Sharon Towers.
	My/Our gift will be made via transfer or appreciated stock. Please contact me/us with transfer instructions.
This gift is beir	ng made in honor or in memory of:
Name(s):	
Address:	
City/State/Zip:	Email:
Home phone: _	Cell Phone:
Name (s) as it/t	hey should appear in printed materials
	I/we wish our gift to be anonymous
	I/we are eligible for a corporate matching gift and will obtain and complete the necessary forms.
	I/we would like to discuss how we can provide for the future of Sharon Towers through a planned gift.
Signature	Date
	Thank you for your support. Please mail or email completed forms to: Sharon Towers Office of Philanthropy • Attn: Jennifer Morgan 5100 Sharon Road • Charlotte, NC 28210 jmorgan@sharontowers.org
	Gifts to Sharon Towers are tax-deductible to the full extent provided by law. Sharon Towers' federal tax ID number is 56-6064186