



## Donation Form

### Donor Information

|                               |                          |
|-------------------------------|--------------------------|
| BUSINESS NAME (if applicable) | NAME (LAST, FIRST, M.I.) |
| STREET ADDRESS                | EMAIL                    |
| CITY, STATE, ZIP              | PHONE                    |
| WEBSITE                       | MOBILE / ALTERNATE PHONE |

### Donation Details

|   |  |               |  |
|---|--|---------------|--|
| CHECK ONE: <input type="checkbox"/> Personal Check <input type="checkbox"/> Business Check <input type="checkbox"/> Money Order/Cashier's Check<br><input type="checkbox"/> Credit/Debit Card (Please complete information below) |  |               |  |
| NAME (AS SHOWN ON THE CARD)   |  |               |  |
| AMOUNT  | CARD TYPE<br>____ Visa ____ Mastercard ____ American Express ____ Discover |               |  |
| CARD NUMBER   | EXPIRATION DATE  | SECURITY CODE |  |
| BILLING ADDRESS   | CITY, STATE, ZIP   |               |  |
| DATE  | SIGNATURE  |               |  |

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please mail the completed form along with your check or money order (if applicable) to:**

**Greenwood Cemetery Foundation of Tuskegee, Inc.**

**P.O. Box 830038 | Tuskegee, AL 36083**

**Phone:** (334) 439-0316

**Email:** greenwoodcemeteryfoundation@gmail.com

**www.greenwoodcemeteryfoundationoftuskegee.org**