

Help Us Foster Hope... For a Better Tomorrow

I would like to make a one-time donation in the amount of \$_____.

___ Please enclose a check payable to Wendell Foster OR

___ Charge my credit card (Please fill out card information below.)

I would like to enroll in Wendell Foster's Monthly Donor Program to make a lasting difference.

By enrolling in this program, you are agreeing to make small monthly donations that add up. For your Convenience, we will charge your credit card an equal amount each month.

Please charge my credit card \$ _____ a month. (Please fill out card information below.)

Please charge my card as a: ___ One-time gift ___ Monthly Gift

___ VISA ___ MASTERCARD

Card # _____ Expiration Date _____

Signature _____

This gift is made in ___ memory ___ honor of: _____

Please send notification to: (please print)

Name _____

Address _____ City _____ State _____

- **Did you know some employers will make matching gifts to your favorite charities? Ask and maybe you can double your donation just by enclosing a completed matching gift form.**

Donor Information (Please Print)

Name _____ E-mail Address _____

Mailing Address _____ City _____

State _____ Zip Code _____

___ Please send me, with no obligation on my part, information on how I can leave a bequest to Wendell Foster and other information on estate gift planning.

___ I have named Wendell Foster in my will.

___ Please do not include my name in the annual list of donors.

Questions?
Call us at
(270) 683-4517

Your Private Donation Fosters Hope!

Thank you for your support of Wendell Foster. Your gift is an investment in the future of the hundreds of lives we touch each year. From the hearts of those with developmental disabilities who have been served for over 70 years, your gift is sincerely appreciated!