



Donation Form

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____

E-mail Address _____

Amount You Wish To Donate

\$ _____ (please include cents)

Type of Donation

- LifeStyle – Single Payment
- LifeCycle – Multiple Payments

Number of months you wish to donate _____

Credit Card Information

Type of Card

- VISA
- MasterCard
- American Express
- Discover

Card Number _____ Exp. Date _____ Sec. Code _____

Signature _____

Sponsorship Authorization

- Yes
- No

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