



I commit to a gift in the amount of \$ _____ to
Lookout Mountain C.A.R.E.S. Foundation.

Signature _____ Date _____

DONOR INFORMATION: (please print)

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

For recognition, list as _____

I wish to remain anonymous

PAYMENT OPTIONS: (select one)

Check. Enclosed payable to Lookout Mtn. C.A.R.E.S.

Pledge - send reminder for balance due

Monthly Quarterly Other _____

Charge: MC VISA Discover AMEX

(Credit/ Debit cards are accepted)

Account # _____ Expiration ____ / ____

Name as it appears on card _____

Security Code (3 or 4 digits) _____

Billing address same as above

ing address: _____

_____ Zip _____

Return Card to:

Lookout Mountain C.A.R.E.S., a foundation of Bridge Health

PO Box 1027

Lafayette, GA 30728-1027

706-638-5580/www.BridgeCSB.org

GIVING OPTIONS:

I wish my gift to honor or memorialize

Name _____

Address _____

City/ State _____

Please direct my gift to:

Lookout Mountain C.A.R.E.S. Foundation

Designate to a Specific Program

Mental Health Program

TREK Foster Care Program

Substance Abuse Program

Intellectual & Developmental Disabilities Program

EMPLOYER MATCH PROGRAM:

Does your employer match gifts

My employer _____, will MATCH MY GIFT. My completed matching gift form is enclosed.

My matching gift form will be mailed later.

PLANNED GIVING:

I would like more information about planned giving. Please have a Foundation team member contact me.