



NorthEast Foundation

GIVING FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Day _____ Business _____

Email address _____



I would like to make a gift of:

\$1,000 \$500 \$250 \$100 Other _____

Please charge my: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Please list this gift from: _____

This gift is anonymous. Please do not list my name in publications.



This gift is in memory of in honor of:

Name _____ Please Notify _____

Occasion _____ whose relationship to honoree is _____

Relationship of donor to above: _____ Address _____

City _____ State _____ Zip _____

I have remembered the NorthEast Foundation in my will or estate.

I would like to know how to remember the NorthEast Foundation in my will or estate.



Make checks payable to NorthEast Foundation and return to:

NorthEast Foundation
920 Church Street North
Concord, NC 28025