

# YES, I WOULD LIKE TO HELP!

Name(s) / Company's Name (*if corporate donation*):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Optional) (     ) \_\_\_\_\_

Email \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_

Check (*Make check payable to Not Alone*)

Credit Card

Visa    Amex    MasterCard    Discover

# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Auth. Code \_\_\_\_\_

Signature \_\_\_\_\_

Frequency (*check one*):

Monthly    Quarterly    Annually

Semi-Annually    One Time

I wish my/our gift to be made: In Honor of

\_\_\_\_\_

In Memory of

\_\_\_\_\_

For the Birthday of

Please send acknowledgement of my/our gift to  
(*Please print and provide full name, address and zip code*):

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please mail donations to:

Not alone, Inc

P. O. Box 92371

Nashville, TN 37205