

2023 Best Lives Annual Fund Donation Form

Contact Information:

Title: _____ First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Best Phone: _____

Email: _____

2023 Campaign Goal: \$225,000

Gift Information:

Donation Amount (please check one)

\$5,000 (\$416.67/month if monthly)

\$500 (\$41.67/month if monthly)

\$2,500 (\$208.33/month if monthly)

\$250 (\$20.83/month if monthly)

\$1,000 (\$83.34/month if monthly)

\$ _____ Enter a custom amount

I would like to make this donation (please check one): Monthly One-Time

Processing Information:

Check (payable to Vista Grande Villa, memo: EL Fund) Credit Card

Credit Card #: _____

Expiration Date: _____ CVV #: _____ (3-digit # on back of credit card)

Eligible for a company matching gift. Company Name: _____

This gift is given in: Honor of or In memory of Name: _____

Please send notification of this gift to:

Title: _____ First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____