

CONTRIBUTION FORM

Yes! I/We want to help Tammy Lynn Memorial Foundation, Inc. to support programs for children and adults with special needs.

Amount I/We would like to contribute: \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____

Form of Payment: Credit Card or Check (*please make checks payable to Tammy Lynn Memorial Foundation, Inc.*)

My/Our gift is:

In honor of: _____

On the occasion of: _____

In memory of: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City, State, Zip: _____

Credit Card Number Exp Date

Donor(s)

Print your Name (exactly as it appears on your card, if paying by credit card)

Address

City State Zip Code

code: WSMD

Daytime Telephone Email Address

Unless otherwise indicated, your gift to Tammy Lynn Memorial Foundation Inc. will support the following programs and services of Tammy Lynn Center for Developmental Disabilities: Community Residential, Early Childhood Intervention, Respite Care and non-Medicaid Day Services.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. The license is not an endorsement by the State.

Send us your company's matching gift form and we will apply for matching funds.



Please complete this form and mail it to:

Development Office
Tammy Lynn Center for Developmental Disabilities
739 Chappell Drive
Raleigh, NC 27606