



My Gift to Literacy is a Gift of Hope

Name: (Please Print) \_\_\_\_\_

Please Circle: Mr. & Mrs. Ms. Mrs. Mr.

Phone: Daytime      Phone: Evening      Business/Other Address

(Street/PO. Box) City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Check enclosed for contribution Yes _____ No _____		
MC#:	VISA#:	Expires:
Signature (as on card): _____		

*This Gift to the Cape Fear Literacy Council is.....*

In Memory Of: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

On occasion of:  Birthday  Wedding Anniversary  Other: \_\_\_\_\_

Please send an acknowledgement to: Name:

\_\_\_\_\_ Address:

\_\_\_\_\_ Additional

Informationwork for a Matching Gifts company  My form is enclosed.  Form to follow

- I am interested in donating stocks, bonds, arts, or other in-kind items. Please contact me
- I am interested in becoming a tutor or volunteer for other activities. Please contact me.

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