



I will donate \$ _____
to The Independence Fund

- ☐ Monthly Donation ☐ One-time Donation
☐ Multi-year Donation for _____ years

Making your donation online saves time and expense, allowing us to do more with every dollar.
Please consider donating online at independencefund.org

Full Name(s): _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cell ☐ Home Email: _____

- ☐ I will pay with a check. (please ensure checks are payable to The Independence Fund)
☐ I will pay with a credit card.

Card #: _____ Exp. Date: _____ ☐ Visa ☐ MC ☐ Disc ☐ AmEx

CVC #: _____ Name as it appears on card: (please print) _____

Billing Address: _____
☐ same as mailing address

City: _____ State: _____ Zip: _____

Email (required): _____

Signature: _____ Date: _____

Send Dedication Card (Optional)

Please make my gift: ☐ In Memory of ☐ In Honor of _____

Please mail dedication card to (name): _____

Address: _____

City: _____ State: _____ Zip: _____

Who is this dedication from? _____

Optional Information

- ☐ I would like to receive The Independence Fund E-mails that highlight the lives my donation has positively impacted.
☐ I have included The Independence Fund in my estate plans.
☐ I would like information on how to include The independence Fund in my estate plans.

Thank you for supporting our mission through your generous contribution.

THE INDEPENDENCE FUND

412 LOUISE AVE.

CHARLOTTE, NC 28204

THE INDEPENDENCE FUND IS A TAX EXEMPT PUBLIC CHARITY. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWABLE BY THE LAW.