

Roanoke-Chowan Foundation, Inc.
PO Box 1385, Ahoskie, NC 27910
Tax ID# 56-1535057

DONOR INFORMATION

Name: _____ Company: _____

Please acknowledge my donation in printed materials as:

This donation should be listed as **ANONYMOUS** (Please provide contact information below so that the Development Specialist can appropriately acknowledge the gift and provide a letter for tax purposes. Anonymous gifts will be held in strictest confidence and will remain anonymous for recognition purposes.)

Mailing Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Email: _____

GIFT OPTIONS

I pledge a gift in the amount of \$_____.

Check: Please make your check payable to **Roanoke-Chowan Foundation** and return it to the address above.

Optional:

- My employer will match this gift. Enclosed is my matching gift form.
- My gift is: In Memory of: _____ In Honor of: _____
- Send Notification to: _____

IN-KIND DONATIONS

- Item (description) _____ / \$ _____ (value)
- Service (description) _____ / \$ _____ (value)

Fundraiser Donation Notes:

DONATION PURPOSE

- Roanoke-Chowan Foundation General Fund
- ECU Health Wellness Center - Ahoskie
- Annie Eason Children's Fund
- ECU Health Roanoke-Chowan Hospital – Greatest Need Fund
- Other
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Thank you for your support!

Your Donation to this 501(c)3 organization is tax deductible as allowed by law.