



## TRIBUTE CONTRIBUTION FORM

Memorial For: \_\_\_\_\_

Honorarium For: \_\_\_\_\_

Other Occasion: \_\_\_\_\_

### Donor Information (acknowledgment will be sent to this address)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please Send Card To:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Pledge Information:

One Time Gift Amount: \$ \_\_\_\_\_

### Methods of Payment

Payment Options: Cash: Enclosed  Yes  No

Check: Enclosed  Yes  No

Paypal: *Make your payment on our website through our secure Paypal account at [www.brantwoodchildrenshome.org](http://www.brantwoodchildrenshome.org)*

Credit Card:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please make checks payable to:

Brantwood Children's Home  
1309 Upper Wetumpka Road  
Montgomery, AL 36107

All donations are tax-deductible in accordance with IRS Regulations.