



DONATION FORM

DONOR INFORMATION (PLEASE PRINT)

Name _____

Address _____

City _____

State _____

ZIP/Postal Code _____

Tel. _____

Email _____

Name(s) to be used in acknowledgements _____

ADDRESS

Please make checks payable to TAVARES TAYLOR CHARITIES, INC. and return to

P.O. Box 1295, Manassas VA 20108

TAVARES TAYLOR CHARITIES, INC. is a charitable organization registered in the United States. Tax receipts are issued as applicable by law based on the name and address provided.

_____ I wish to have my donation remain anonymous.

_____ I wish to subscribe to the Tavares Taylor Charities, Inc. newsletter.

Signature _____ Date _____

THANK YOU!