

MAIL – IN DONATION FORM

To make a gift to Davis Health Care and Champions Assisted Living, please print this page, complete the requested information and mail to:

**Development Office
Davis Health Care/Champions Assisted Living
1011 Porters Neck Road
Wilmington, NC 28411**

If using credit card for payment, fax the form to: (910) 686-7592

Make check payable to: CND, Inc. — Legacy Fund

**Yes! I want to support the legacy of quality care at
Davis Health Care Center and Champions Assisted Living.**

Enclosed is my contribution of: ___ \$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1000
(Champion Level) Other \$ _____

Donor Name(s) _____

Telephone (____) _____

Address _____ City _____

State _____ Zip _____

E-mail _____

_____ I do not wish to receive the email notifications of activities or special events

Please charge my donation to ___ Visa ___ MasterCard

Name on the card: _____

Card number _____ Expiration date _____

Signature _____

Call 910-566-1287 if you are more comfortable giving credit card information by phone.

___ I am enclosing information on my employer's matching gift program.

___ I am interested in volunteer opportunities through the Auxiliary.

Please complete the following information for honor or memorial gifts.

This gift is in honor/memory (*circle one*) of: _____

Please send notification of gift to: _____

Address _____

City _____ State _____ Zip _____

We hope that you will respond as generously as you are able. Your gift is tax-deductible within the limits prescribed by law. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989. This license is not an endorsement by the state.

Thank you for your support!