



Improving the Quality
of Children's Lives

Single or Monthly Gift Form

The Taylor Delk Sickle Cell Foundation is exempt under section 501 (c) (3) of the Internal Revenue Code, making this gift tax deductible.

Please return this gift form to:
Taylor Delk Sickle Cell Foundation
P.O. Box 493
Brownsville, TN 38012

I would like to donate the following amount \$ _____ **Circle one: Monthly Single**

Donating by Check

Please mail your check to the address above. (Please make check payable to the Taylor Delk Sickle Cell Foundation.)

If donating by Credit Card, please provide us with the following information:

Circle your type of Credit Card:

Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____

Name on the Card _____

Signature _____

Please provide the following information in full:

Circle Your Preferred Title: Dr. Miss Mr. Mr. & Mrs. Mrs. Ms. None Other _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____
