

**TOCA Cares Fund Donation Form - Fund # 246175**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please PRINT in black ink and complete ALL required information***

\*Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*State\_\_\_\_\_\*ZipCode\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Email (for receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5 Ways to Give**: (please check one)

🞏 Cash Donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Money Order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other Donation \_\_\_\_\_\_\_\_\_\_

🞏 Check or Credit Card $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Contact us regarding asset based giving

🞏 Recurring Monthly Credit Card Gift of $\_\_\_\_\_\_\_\_\_\_\_ Number of months \_\_\_\_ Start Date\_\_\_\_\_ End Date\_\_\_\_\_

**Check Information** Make checks payable to ***ProvisionBridge***,memo:  ***TOCA Cares Fund* #246175**

Name of account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Information**–*Please note that* **Heartland Payment Processing (for ProvisionBridge)** *may appear as vendor on your credit card statement.*

Visa 🞏 MC 🞏 AMX 🞏 Discover 🞏Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ one –time \_\_\_\_\_ monthly recurring \_\_\_\_\_

Expiration Date \_\_\_\_\_\_ 3-digit V-Code (back of card) \_\_\_\_\_ 4-digit AMX V-code (front of card) \_\_\_\_\_\_

Name on Card (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

**\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization Signature for Credit Cards Date**

*Please return to*: [mary@ProvisionBridge.org](mailto:mary@ProvisionBridge.org) *or* ProvisionBridge, PO Box 157, Tallulah Falls, Ga 30573