



*Apple Valley Christian*  
**CARE CENTER**

11959 Apple Valley Road • Apple Valley, Ca 92308 • (760) 240-5051 • Fax (760) 240-8150

**AVCCC FOUNDATION DONATION FORM**

Yes, I/We want to make a loving gift to AVCCC Foundation in the amount of \$ \_\_\_\_\_

- To further your mission
- To help senior adults and the medically fragile
- To support special projects and services

\_\_\_\_\_ Please find enclosed my check made out to AVCCC Foundation.

\_\_\_\_\_ Please charge my credit card.

**Credit Card information:**

Please charge my credit card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account number: \_\_\_\_\_

Expiration Date: (MM/YY)

Cardholder's Name: \_\_\_\_\_

**Billing address if different from below:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Please use my/our gift:**

\_\_\_\_\_ Where it is needed most.

\_\_\_\_\_ Other \_\_\_\_\_

**My/our gift is:**

\_\_\_\_\_ In honor of \_\_\_\_\_

\_\_\_\_\_ In memory of \_\_\_\_\_

We will let family members or those honored know of your thoughtfulness. The amount of your gift will not be mentioned.

**Please Notify:**

Name \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Relationship to deceased or honoree:**

Comments/additional gift information: \_\_\_\_\_

\_\_\_\_\_

**Please accept this gift from:**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please send me/us information or contact me/us regarding:**

\_\_\_\_ Becoming a member of the Legacy Circle, which recognizes individuals who have made provisions for supporting AVCCC Foundation through a bequest of other planned gift.

\_\_\_\_ Including AVCCC Foundation in my/our will.

\_\_\_\_ Making a gift of securities

\_\_\_\_ I/we have already included AVCCC Foundation in my/our estate plan.