THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER

THE FAMILY TREE
INFORMATION, EDUCATION & COUNSELING CENTER

Donation Form

Name: _____
Prefix (Dr./Mrs./Mr./Ms.) First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: ☐ Cell ☐ Home _____

Email Address: _____

Donation Amount: $ _____ ☐ Check ☐ Cash/Money Order

☐ Mastercard/Visa Credit Card #: Expiration Date:

Name on Card: _____

☐ *I would like my gift to remain anonymous*

Please complete this section if your donation is in honor or memory of someone.

☐ In Honor **OR** ☐ In Memory of _____

Send Acknowledgement to:

Name: _____
Prefix (Dr./Mrs./Mr./Ms.) First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Thank you for your support!

To be completed by The Family Tree Staff:

Staff Signature _____ **Date Received** _____

P. O. Box 62904, Lafayette, LA 70596 • Tel: 337-981-2180 • Fax: 337-261-1911 • www.acadianafamilytree.org