## 9/1/17

## "NAPA CARE" EMERGENCY BENEVOLENT FUND

**Donation/Pledge Form** 

Company/Individual Name:	
	Company:
Company Representative Title:	Address:
Contact Phone Number(s):	
Work: Cell:	Other:
Preferred Number: ☐ Work ☐ Cell ☐ C	Other
Is this a company donation? ☐ Yes ☐ No Is this an individual donation? ☐ Yes ☐ No Signature Company Representative or Personal Donor Date	
Payment options:  ☐ In full ☐ Multi-year up to three (3) years,	(in U.S. dollars) Date of donation:invoiced annually  F) Credit Card □ (complete info below or call 301-731-4748 -Dave Lucas)
Credit Card Information: Name on Card	
Card Number:	
Evaluation Date: /	ecurity Code:

The NAPA Research & Education Foundation a 501(c)(3) manages and disburses all charitable contributions for the "NAPA Care" Emergency Benevolent Fund.



