



Expert. Connected. Care.

Gift Form

When complete please mail to:

Office
1733 Harrodsburg Road
Lexington, Kentucky 40504

If you have any questions, please call 855.492.0812.

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
Email Address:			
Amount of Gift:		Gift given: <input type="checkbox"/> in memory of <input type="checkbox"/> in honor of	
How would you like to be recognized? (i.e., Mr. & Mrs. Smith, The Smith Family, etc.)			

Please notify the following person:

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Payment Type: <input type="checkbox"/> Enclosed Check <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card #			Expiration Date: / /
Name as printed on the card:			3-digit code from back of card
Signature			

*Please enclose your company's matching gift form if applicable.
All gifts and bequests to qualified charities are tax deductible within IRS guidelines.*