Legacy Cares Fund Donation Form



Please completely fill out this form to ensure proper preparation of your tax receipt.

Please make checks payable to Legacy Cares Fund.

Date:		Donation Amount:	
Donor Name:			
Organization Name (if applicable):			
Address:			
City:	State:		Zip:
Email (optional):			
Telephone (optional):			
Please mail this form and your check to:		Legacy Cares Fund	
		2235 Candies Lane	. NW

For more information, please contact the Legacy Cares Fund coordinator at (423) 478-8071

Cleveland, TN 37312

Thank you for your support. Legacy Cares Fund is able to help our team members in times of need because of your donations.