DAY SPRING
COMMUNITY LIVING

Donation Form

After download, please print this form, fill in and sign.

Mail to: DAY SPRING COMMUNITY LIVING
3430 DAY SPRING CT
LOUISVILLE KY 40213

Recognition Levels

Candlelight Guild	Luminary	Morningstar	Sun Society	Solstice Society
$1-$99	$100-$499	$500-$999	$1000-$4999	$5000 & above

☐ **YES!** I want to give a gift of **$_____.** ☐ **Donation enclosed.** (Check payable to Day Spring Foundation.)
☐ **I would like to give $_____monthly.** ☐ **I want to know more about including you in my will.**

Please include any appropriate Matching Gift information if your employer will match your gift.

Print Name:

Address: **City/State/Zip:**

Phone: **Email:**

Signature: _____ **Date:** _____

My gift is in ☐ **Honor** ☐ **Memory of:**

Please acknowledge _____

Address _____

City _____ **State**____ **Zip Code** _____

Circle one: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Expiration Date |___|___| |___|___| V Code _____ (Located in signature box on back of card.)

Billing Address: _____ City/State/Zip _____

I authorize Day Spring Community Living to charge the above amount and pay in accordance with card issuer agreement.

☐ Use Automatic Withdrawal(s) from Checking/Savings Account **(Attach voided check.)**

Bank name: _____ ☐Checking ☐ Savings

Routing #: _____ Account #:_____

Automatic checking or credit card withdrawals are made on the 15th of each month, or closest business day to the 15th.
Per signature, my recurring gift is in effect until Day Spring Community Living receives notification from me (or I from them) of its termination.

Thank you for your donation! If you need any assistance contact:
Kelly Hutchinson, Director of Development 502.883.6705 or kelly.hutchinson@dayspringcommunityliving.org