

NCMS Alliance 87th Anniversary Annual Fund for Mother's Day

Name: _____
(Print name(s) as they should appear for recognition on acknowledgement cards and the Tar Heel Tandem newsletter)

Address: _____ City: _____ Zip: _____

Annual Fund Donor Levels: (please check one)

- Sadie McCain Circle \$500 & above (includes twelve acknowledgements)
- Champion \$387 (includes ten acknowledgements)
- Mentor \$287 (includes six acknowledgements)
- Advocate \$187 (includes three acknowledgements)
- Friend \$87 (includes one acknowledgement)

Enclosed is my check made payable to the NCMS Alliance

Charge my Visa/MasterCard #: _____ Exp. Date: _____

Signature of card holder: _____

Donor form must be received by May 4 to guarantee acknowledgements for Mother's Day arrive on time!
Please mail completed form to NCMS Alliance, P.O. Box 27167, Raleigh, NC 27611 or fax to 919-833-2023

I want to honor these special people for the NCMS Alliance Annual Fund for Mother's Day

In honor/memory (circle one) of: _____

Send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____

Send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____

Send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____

Send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____

Send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(List additional acknowledgements on the reverse)

In honor/memory (circle one) of: _____
 Send acknowledgement to:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____
 Send acknowledgement to:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____
 Send acknowledgement to:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____
 Send acknowledgement to:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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Name: _____
Address: _____
City: _____ State: _____ Zip: _____

In honor/memory (circle one) of: _____
 Send acknowledgement to:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Thank you for your support!