



LifeCare Supporters

You can Join our Monthly Supporter Program or make a One-Time Gift (see below)

Yes, I would like to begin making a **monthly contribution** to LifeCare by becoming a LifeCare Supporter. The monthly amount I would like to pledge is: \$100 \$50 \$25 \$10 Other \$_____ (\$5 minimum)

The way in which I would like to contribute every month is checked below (please choose one method).

Bank Account Transfer*

checking savings

SIGNATURE _____ DATE _____

*Remember – please send a check for this month’s pledge with this enrollment form or if from savings then send in a deposit slip.

OR

Credit Card Authorization

VISA MasterCard

CARD NUMBER _____

/

EXPIRATION DATE _____

SIGNATURE _____ DATE _____

Yes, I would like to make a **one-time contribution** in the amount of:
 \$100 \$50 \$25 \$10 Other \$_____ (\$5 minimum)

Please send donation form to:
LifeCare Attn: Support
1001 Navaho Dr., Ste. 101
Raleigh, NC 27609

You may contact LifeCare by sending an email to support@lifecarenc.org.
Please allow two business days for a response.

Terms of Agreement Please complete this portion and retain for your records.

I am authorizing LifeCare to debit my bank account or charge my credit card account monthly in the amount of the pledge I have indicated.

This agreement will remain in effect until I give LifeCare appropriate notice of its termination. A record of each gift will appear on my bank or credit card statement and will serve as my receipt.

Monthly Pledge Amount \$_____ Date: _____

Bank Account Transfer OR Credit Card Charge MasterCard VISA