

I'D LIKE TO MAKE A  
DONATION TO THE  
LEGACY FUND



AMOUNT: \$ \_\_\_\_\_

FREQUENCY:  MONTHLY  ANNUALLY  
 QUARTERLY  ONE-TIME GIFT

### BILLING INFORMATION

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PAYMENT INFORMATION

CHECK ENCLOSED  VISA  MASTERCARD  DISCOVER  AMEX

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

MAIL FORM TO P.O. BOX 130 · GATLINBURG, TN 37738

CSC CODE: \_\_\_\_\_