

**Roanoke-Chowan Foundation, Inc.**  
**PO Box 1385, Ahoskie, NC 27910**  
**Tax ID# 56-1535057**

**DONOR INFORMATION**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Please acknowledge my donation in printed materials as:

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This donation should be listed as **ANONYMOUS** (Please provide contact information below so that the Development Specialist can appropriately acknowledge the gift and provide a letter for tax purposes. Anonymous gifts will be held in strictest confidence and will remain anonymous for recognition purposes.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**GIFT OPTIONS**

I pledge a gift in the amount of \$\_\_\_\_\_.

**Check:** Please make your check payable to **Roanoke-Chowan Foundation** and return it to the address above.

**Optional:**

- My employer will match this gift. Enclosed is my matching gift form.
- My gift is: In Memory of: \_\_\_\_\_ In Honor of: \_\_\_\_\_
- Send Notification to: \_\_\_\_\_

**IN-KIND DONATIONS**

- Item (description) \_\_\_\_\_ / \$ \_\_\_\_\_ (value)
- Service (description) \_\_\_\_\_ / \$ \_\_\_\_\_ (value)

Fundraiser Donation Notes:

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**DONATION PURPOSE**

- Roanoke-Chowan Foundation General Fund
- Vidant Wellness Center - Ahoskie
- Annie Eason Children's Fund
- Roanoke-Chowan Hospital – Greatest Need Fund
- Other
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***Thank you for your support!***

Your Donation to this 501(c)3 organization is tax deductible as allowed by law.