



Woods Services FOUNDATION

Honorary/Memorial Donation Form

I want to contribute the following amount to the Woods Services Foundation:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Your gift will support the Special Needs Fund, unless otherwise designated. I would like my gift to support:

Special Needs Fund
 Other: _____

Contact Information

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Email Address _____

Home Phone _____

Business Phone _____

Credit Card Information

Please bill my:

VISA MasterCard

Account # _____

Expiration Date _____ (Mo/Yr)

Signature _____

(Print as name is to be listed in the Annual Report.)

Is this gift in honor or memory of someone? __ Yes __ No

In Memory of: _____

In Honor of: _____

On the occasion of: _____

Please Notify: _____

Honoree's Mailing Address: _____

Woods Services Foundation is a 501(c)(3) organization. The federal tax identification number is 23-2322137. A copy of the official registration and financial information may be obtained from the PA Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Please make your check payable to *Woods Services Foundation* and return this form to: Woods Services Foundation
P.O. Box 36
Langhorne, PA 19047-0036

www.woods.org