



I wish to make my gift as a one-time tax-deductible sum to support TOUCH INC. of \$ _____

I wish to make my gift in 12 Monthly or 4 Quarterly installments of \$ _____ each payment

How should we acknowledge your gift?

By This Name: _____ or Anonymous

Method of Payment: Check Cash/Money Order Visa MasterCard Am. Exp. Discover

By completing the information below, I agree that my credit card will be charged as designated above (installment payments are processed by Square). Tax receipts will be sent to the address provided here.

Card # _____ - _____ - _____ - _____ Exp. Date _____

Signature _____ CVV (3-4 digits) _____

Full Name _____ Phone _____

Address 1 _____ Address 2 _____

City _____ ST _____ ZIP _____

Email _____

**RETURN YOUR
COMPLETED FORM:**

BY MAIL

TOUCH INC.
904 S. JAMES BLVD.
EVANSVILLE, IN 47714

OR, BY EMAIL

CONTACT@TOUCHINDIANA.ORG