



Yes! I (We) want to help to create a Legacy of Care at Covenant Village through a donation to one or more of the following needs:

Please check all to which you would like to make a contribution.

Resident Benevolent Fund: \$ _____
To support the basic needs of residents who have outlived their financial resources.

Workforce Investment: \$ _____
To provide professional scholarship opportunities for Covenant Village employees and a provision to provide financial assistance to employees who are facing personal hardships.
Special designation: _____

Enrichment and Innovation: \$ _____
To create or renew life enrichment programs and amenities for residents.
Special designation: _____

Capital Support: \$ _____
To expand Covenant Village campus development projects and naming opportunities.
Special designation: _____

Where the Need is Greatest: \$ _____
To assist areas of greatest need or opportunity throughout the year at Covenant Village.

Enclosed is my check for \$ _____

or

Please make a note of my pledge for \$ _____

Please send a pledge reminder in _____ (month) of current year.

Your Name(s): _____

Mailing Address: _____

Email Address: _____

Preferred phone number: _____

Signature(s): _____

_____ Date _____

Return/Mail to:

Giving at Covenant Village | 1351 Robinwood Road, Gastonia, NC 28054

Financial information about Covenant Village and a copy of the organization's solicitation license are available from the NC Solicitation Branch of the NC Secretary of State's Office.

Optional: I would like to make this donation in honor of:

and/or in memory of:

Please notify: (include mailing information)
