



**Phoenix Society**  
for burn survivors

**Yes! I will support burn survivors & their families!**

When you give, burn survivors and their families receive the peer support and tools to thrive again.

**Join the Phoenix Monthly Giving Club** – an automatic monthly gift charged to my credit card:

\$8 per month    \$12 per month    \$20 per month    \$25 per month    Other \$\_\_\_\_\_





**Give a one-time gift:**

\$35    \$50    \$100    \$250    \$500    Other \$\_\_\_\_\_    \$1,000 (**Phoenix Leader**)

**Payment Information**

My check, payable to Phoenix Society, Inc., is enclosed

Please charge my:

\_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ CVV: \_\_\_\_\_

**Gift Dedication Information**

This gift is in honor of \_\_\_\_\_ This gift is in memory of \_\_\_\_\_

Please send acknowledgement to:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Donor Contact Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ (H) (W) (C)

Email: \_\_\_\_\_

**Other Information**

- I would like my gift to be anonymous
- An employee matching form is enclosed
- I have named Phoenix Society in my estate plan

*Phoenix Society is a 501 (c)3 non-profit organization. Your gift is tax deductible as allowed by law.*