



## Contribution Form

Thank you for contributing to Donate Life North Carolina (DLNC). Our mission is to inspire all North Carolina residents to save and enhance lives by registering as organ, eye, and tissue donor. Your gift will help us provide much needed public education via the Division of Motor Vehicles, schools, media and other venues. DLNC is a 501(c)(3) non-profit organization and your contribution is tax-deductible.

Please print, complete and mail this form to the address below and an acknowledgement letter will be mailed to you for your records. Please make checks payable to Donate Life North Carolina. Thank you for your generous gift.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

If applicable, please select one:  In Memory of  In Honor Of

If this gift is in memory/honor of someone, we would be glad to send a card informing them or their family of your thoughtful gift, without an amount indicated.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Thank you again for your support!