

# FAMILY RENEWAL PROJECT

DISCOVER YOUR STORY  
www.familyrenewalproject.com

## DONATION FORM

Please print and mail completed form to:

**Family Renewal Project**  
**622 Woodlake Drive**  
**Louisville, KY 40245**

### DONOR INFORMATION

Donor Name(s) {First / Last}: \_\_\_\_\_

Donor Address {Street/City/State/Zip}: \_\_\_\_\_

Donor Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*{Your personal information is confidential and will never be sold or distributed by FRP}*

### DONATION DETAILS

Gift Amount:  \$10,000  \$5,000  \$2,500  \$1,000  \$500  \$100  Other: \$ \_\_\_\_\_

My gift is in  Honor of  Memory of :

Name of person being honored/remembered: \_\_\_\_\_

Reason for Gift: \_\_\_\_\_

When you make a donation in honor or memory of someone special, we will send an acknowledgment to you and also to the family member/person you designate. *{Please note: The amount of your gift will not be disclosed to the designated person unless you specifically indicate otherwise.}*

Please provide the name and mailing address of any person(s) whom we should notify of your gift:

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT OPTIONS

My check is enclosed {payable to **Family Renewal Project**}

Please charge my credit/debit card. Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I would like to support the mission and ministries of **Family Renewal Project** by making a Monthly Contribution.

Please bill by credit/debit card in the amount of \$ \_\_\_\_\_ per month.

Please contact me, I am interested in making a STOCK donation &/or a RMD [Retired Minimum Distribution] allocation {this could decrease your Medicare premiums}

*~ Thank you for your generous support! ~*

**Family Renewal Project** is an IRS approved 501(c)(3) non-profit, charitable organization.

All contributions are tax-deductible to the fullest extent allowed by law.

For assistance or additional information – call: 502.244.6820 email: info@familyrenewalproject.com