

LAB INNOVATION FUND GIFT FORM



Name(s): _____

Address: _____

Phone: _____

Email: _____

Amount of Donation: _____

Method of Payment:

- Check or Money Order: Payable to Charlotte Lab School.
- I will make a one-time or monthly donation online at www.charlottelabschool.org.
- I plan to make a monthly donation using auto payment through my bank.
- I pledge \$_____ payable on or before May 31, 2019.

Additional Information:

- My company has a matching program, and I plan to make the necessary request to ensure our gift is matched.
Company Name: _____

Acknowledgement:

- Please list me/us as _____
in all public donors lists.
- I/we wish for our gift to remain anonymous in all public lists of donors.

Signature: _____ Date: _____

Charlotte Lab School, Inc. is a registered 501(c)3 nonprofit, and donations are tax-deductible to the full extent provided by law. You will receive an acknowledgement of your gift for your records.

Thank you for your generosity for Charlotte Lab School.
Questions? Contact 704-464-3830 or slund@charlottelabschool.org.
Mail to: Charlotte Lab School,
301 E. 9th St, Charlotte, NC 28202.