



Jackson Falls Inc

Donate to Jackson Falls *Your Gift Will Help With Elderly Care*

I wish to make a financial donation in the amount of:

\$1,000 \$500 \$100 \$50 \$25 Other Amount _____

All contributions are tax-deductible according to IRS guidelines. Tax credits are available for corporate donations.

Full Name: _____

Address: _____

City: _____ State: _____

Daytime Phone Number: (____) ____ - _____

Please check an option below to ensure proper acknowledgement of your gift:

Individual Donation Corporate Donation

Corporation or Organization Name: _____

please send me more information on how we can help Jackson Falls, Inc.

I am interested in including Jackson Falls, Inc. in my will or in a charitable trust.

Let us know if you would like your gift acknowledged as a memorial or honor gift completing the following information:

In Memory of in Honor of

Full Name: _____

Please Notify: _____

Address: _____

City: _____ State: _____

Please mail this form and personal check or money order to:

Jackson Falls, Inc.
P.O. Box 528 Clarkston, GA 30021

Please make checks payable to Jackson Falls, Inc.

Jackson Falls, Inc is a non-profit, tax-exempt organization under section 501(c) 3 of the Internal Revenue code