

DONATION FORM
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CHARLOTTE
WINE † FOOD

DONATION AMOUNT: \$100 \$250 \$500 Other: _____

NAME OF DONOR: _____

CREDIT CARD NUMBER: _____

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APT/UNIT #: _____ CITY: _____ STATE: _____ ZIP: _____

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I agree to have my credit card charged for the amount above. A receipt will be issued once the charge is processed.

SIGNATURE OF CARDHOLDER: _____

Do you want to join our mailing list? Yes No

Check the box to cover the online convenience fee so your full donation goes to charities: