



Seasons Greetings Order Form

Donor Name(s): _____

Address: _____

E-mail Address: _____

Yes! I would like to honor _____ special people. My tax-deductible gift is \$_____ (\$35 per card or \$100 for three cards).

Payment Options:

Enclosed is my check made payable to the NCMS Foundation.

Please bill my credit card (Visa or Mastercard) as follows:

Card Number: _____ Exp. Date: _____

3-dig security code: _____ Name as it appears on card: _____

Signature: _____

Please send a card to (please list name and address for mailing purposes):

1. _____

2. _____

Sign this card from:

Sign this card from:

3. _____

4. _____

Sign this card from:

Sign this card from:

5. _____

6. _____

Sign this card from:

Sign this card from:

Return by December 18, 2009 to:
 Linda Russell, NCMS Foundation, PO Box 27167, Raleigh, NC 27611
 or fax to: (919) 833-2023