

Yes, I (we) wish to support  
The Walthour-Moss Foundation

Gift Enclosed Today: \$ \_\_\_\_\_

I (we) would like to pledge: \$ \_\_\_\_\_ for \_\_\_\_\_ years

My Total Gift (including pledge) Will Be: \$ \_\_\_\_\_

\_\_\_\_\_ I would like my gift to remain anonymous

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK**

Checks should be made payable to: **The Walthour-Moss Foundation, PO Box 1794, Southern Pines, NC 28388**

**ELECTRONIC DEBIT FROM CHECKING**

I authorize the following monthly payments of \$ \_\_\_\_\_ from my checking account.

Starting (month) \_\_\_\_\_ (year) \_\_\_\_\_ Ending (month) \_\_\_\_\_ (year) \_\_\_\_\_

Please enclose a **VOIDED** check for account verification.

Signature: \_\_\_\_\_

**CREDIT/DEBIT CARD WITHDRAWAL (IN US DOLLARS)**

I authorize an immediate one-time charge of \$ \_\_\_\_\_ from my account.

OR an annual charge of \$ \_\_\_\_\_ on the 15th day of \_\_\_\_\_ (month)

OR monthly charges of \$ \_\_\_\_\_ on the 15th day of each month

Must be Completed: Starting (month) \_\_\_\_\_ (year) \_\_\_\_\_

Ending (month) \_\_\_\_\_ (year) \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MC Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_ I would like to receive more information about making a gift of appreciated stock or other securities.

\_\_\_\_\_ I would like to receive more information about making a Legacy gift.

*Questions or Suggestions: email to [director@walthour-moss.org](mailto:director@walthour-moss.org) or call Landon Russell at 910 695-7811*