



Giving Form

Your Gift

I would like to donate \$ _____

Check below if you would like to direct your gift to a specific area.

- music
- childhood cancer research
- family assistance

Check below if you would like to join the Eli Talley Foundation's monthly recurring gift program.

- I would like to give \$ _____ each month*

** For more information on monthly giving, visit elitalleyfoundation.com/donate*

If your gift is in honor or memory of someone, please select the appropriate box below:

- In Honor of (First and Last Name): _____
- In Memory of (First and Last Name): _____

Please send an honor/memory card of my gift acknowledgment to:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Your Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

email address: _____ Phone: _____

elitalleyfoundation.org/donate



Payment Information

How would you like to pay?

Option 1: Donate by Check

Please mail your check to P.O. Box 7889, Little Rock, AR 72217

Please make your check payable to Eli Talley Foundation

Option 2: Donate by Credit Card

Please provide the following information

Card Number: _____

Expiration Date: ____/____ Security Code: _____

Name on Card: _____

Signature of Card Holder: _____

Billing Information

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

You will receive a written acknowledgment of your gift in the mail soon. Thank You!

Please return completed form to:

Eli Talley Foundation
P.O. Box 7889
Little Rock, AR 72217

elitalleyfoundation.org/donate