





Campaign Charitable Gift Form

Yes I want to contribute to the "Make a Difference!" campaign to help raise \$100,000, or \$5,000 per room, with a tax-deductible donation to help enhance the lives of our WillowBrooke Court residents at Bayleigh Chase. I also want to take advantage of the \$20,000 match where an anonymous donor will match the first \$20,000 raised!

Donor Name			Gift Amount	
Address				
City	State	Zip	Email	
TRIBUTE INFORMAT This gift is in Memory Name of loved one:	or Honor of a love	ed one: 🗆 In M	lemory □ In Honor	
Name and address of	family to notify:			
TAX-DEDUCTABLE I ☐ Check Enclosed \$		RMATION		
☐ Monthly Gift adde Please add a \$ my next statement	donati	on to my month	nly Bayleigh Chase billing	g statement starting with
Signature			Date	
□ Visa □ Mastero	card □ Discover	☐ American	using the QR code belo Express	
			Date	
Expiration Date	/	CCV	- —	
3 WAYS TO RESPON	ND			
RETURN E			S FORM:	ONLINE Scan the OR code to



Return this form in the envelope provided to the Bayleigh Chase front desk, Attention:
Mary Reza



Return this form in the envelope provided to:
Acts Legacy Foundation 420 Delaware Dr., P.O.
Box 2222, Fort Washington, PA 19034



Scan the QR code to securely make your contribution online.

If you are interested in additional ways to make a donation to the Acts Legacy Foundation such as through Gifts from IRA, Gifts from a Donor Advised Fund, Gifts of Stocks/Bonds/Mutual Funds or Charitable Gift Annuitieslease contact: Michael Martin, CAP®, Director, Mid-Atlantic Region at the Acts Legacy Foundation: 302-307-9602 or mmartin@actslife.org

