



**I want to help preserve and protect the
Blue Ridge Parkway with a tax-deductible donation.**

Name:

Address:

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-mail:** _____

Payment:

My check for \$ _____ **payable to the Blue Ridge Parkway Foundation is enclosed.**

Please charge my credit card:

I would like to make a one-time gift of \$ _____

I would like you to deduct \$ _____ **per month on an ongoing basis ***

Credit Card Number: _____ **Exp. Date:** _____

Authorized signature: _____ **CVV:** _____

This gift is in memory/honor of:

Name: _____

Please notify: _____

Address: _____

Memorial and honor gifts will be acknowledged with a card from the Foundation.

**Monthly donations may be stopped at any time calling (866) 308-2773, ext. 364.*

Mail the completed form to:

**Blue Ridge Parkway Foundation
717 S. Marshall St. Suite 105B
Winston-Salem, NC 27101-5865**