

**LAB INNOVATION FUND
GIFT FORM**



Name(s): _____
Address: _____

Phone: _____
Email: _____

Amount of Donation: _____

Method of Payment:

- Check or Money Order: Payable to Charlotte Lab School.
- I will make a one-time online at www.charlottelabschool.org.
- I plan to make a monthly donation using auto payment through my bank.
- I pledge \$_____ payable on or before May 31, 2018.

Additional Information:

- My company has a matching program, and I plan to make the necessary request to ensure our gift is matched.
Company Name: _____

Acknowledgement:

- Please list me/us as _____
in all public acknowledgements of giving.
- I/we wish for our gift to remain anonymous in all public acknowledgements of giving.

Signature: _____ Date: _____

Charlotte Lab School, Inc. is a registered 501(c)3 nonprofit, and donations are tax-deductible to the full extent provided by law. You will receive an acknowledgement of your gift for your records.

Thank you for your generosity for Charlotte Lab School.
Questions? Contact 704-464-3830 or slund@charlottelabschool.org
Mail to: Charlotte Lab School,
301 E. 9th St, Charlotte, NC 28202