

Message from the President

I am proud to introduce you to TowerCares Foundation. Your membership with TowerCares gives you the opportunity to get involved with organizations that help children in need as well as individuals and families who have been seriously impacted as a result of their service to our country. Through corporate and in-kind donations, our intention is to ensure donations made by individuals go directly to supporting those in need. Thank you for partnering with us to support these worthy causes.

Martin Breland
 President, TowerCares Foundation

TowerCares Foundation Membership Application

Yes! I would like to become a member of TowerCares Foundation, a 501(c)(3) charitable organization.

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

(Required so we can send you a receipt for your donation.)

Payment Information

\$35 *(new member minimum donation)*

\$ _____ Additional Donation

\$ _____ Total Received

Cash Transfer from existing Account # _____ Suffix _____

Last Name _____

Check *(made payable to TowerCares Foundation)*

MasterCard Credit Card #: _____

Visa EXP. DATE: _____ / _____ CVV CODE: _____

Amex Signature: _____

For Branch Use ONLY

- Cash/Check/Transfer Completed in branch Credit Card info & Signature Completed
 Forward application to Accounting in locking orange bag

For Back-Office Use ONLY

- Deposit verified Receipt mailed/emailed

Date _____ Branch _____

MSR Accepting Application _____

Depositing Teller _____

Sequence # _____

Voucher # _____