



I'D LIKE TO MAKE A DONATION TO THE LEGACY FUND

MAIL FORM TO P.O. BOX 130 · GATLINBURG, TN 37738

AMOUNT: \$ _____

FREQUENCY:

- MONTHLY** **ANNUALLY**
 QUARTERLY **ONE-TIME GIFT**

BILLING INFORMATION

NAME: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PAYMENT INFORMATION

- CHECK ENCLOSED** **VISA** **MASTERCARD** **DISCOVER** **AMEX**

CARD NUMBER: _____ **EXP. DATE:** _____

MAIL FORM TO P.O. BOX 130 · GATLINBURG, TN 37738 **CSC CODE:** _____