

Mail In Donation Form



ClearTheList Foundation

Please Return this
gift form to:

ClearTheList Foundation, Inc
1825 Market CTR Ste 415
Dallas, TX 75207

DONOR INFORMATION

Name: _____

Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Daytime Phone: _____ Email Address: _____

YES, I would like to be added to your e-mail list.

GIFT INFORMATION

Enclosed is my gift of \$ _____ (Please make check payable to ClearTheList Foundation)

Please charge my credit card for \$ _____

Discover® Card MasterCard® Visa® American Express®

Credit Card Number: _____

Expiration: _____

Name on Card: _____

Signature: _____

Or Become a CTL Visionary

Your recurring monthly gift can make a meaningful
difference in the lives of students.

YES! Please bill my credit/debit card in
the amount of \$ _____ per month.

YES! I would like to make a monthly gift in the amount
of \$ _____ using my checking account. I've attached a
voided check from the account I would like to use.

**Your monthly donation will be made each month from the payment
option you selected. You may cancel or change this amount at any
time by emailing: clearthelistfoundation@gmail.com