

Make a Donation to HC*EXCELL's Program of Work

To prepare our children to be school ready; support successful K-12 transition; and provide options for post-secondary access and completion.



Name _____

Address _____

City _____

Phone _____

Email _____

Please select from the following:

_____ Annual _____ One-Time Commitment

_____ \$10,000 _____ \$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ \$250 _____ \$100 _____ \$50 _____ \$25

Will your employer match your gift? _____

*If paying by check, please make it payable to HC*EXCELL and mail to P.O. Box 2156, Morristown, TN 37816-2156*

If you would like to receive an invoice, please select from the following:

Invoice Annually? _____ Bi-Annually? _____ Quarterly? _____ Monthly? _____ Month to begin invoicing? _____

For recognition please list my name as: _____

Please do not list my name _____

*I am interested in including HC*EXCELL in my will and or estate plan* _____

Gifts to **HC*EXCELL** as a 501(c)3 organization are tax deductible

HC*EXCELL P.O. Box 2156, Morristown, TN 37816-2156

Visit our website: www.hcexcell.org

