



I want to support "Relay with Ray" with a tax-deductible donation to benefit the Blue Ridge Parkway.

Name:

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Payment:

My check for \$ _____ payable to the Blue Ridge Parkway Foundation is enclosed.

Please charge my credit card:

I would like to make a one-time gift of \$ _____

I would you to deduct \$ _____ per month on an ongoing basis *

Credit Card Number: _____ Exp. Date: _____

Authorized signature: _____

This gift is in memory/honor of:

Name: _____

Please notify: _____

Address: _____

Memorial and honor gifts will be acknowledged with a card from the Foundation.

**Monthly donations may be stopped at any time calling (866) 308-2773, ext. 364.*

Mail the completed form to:

**Blue Ridge Parkway Foundation
717 S. Marshall St. Suite 105B
Winston Salem, NC 27101-5865**