Evergreen Acorn Plan Add Form

Plan name or number: _____

I would like to add $_____ to this existing Acorn Plan.

Name: _____
Address: _____
_____
_____
Phone: ( ) _____
Fax: ( ) _____

If donating by credit card, please fill out the following:

I hereby authorize Evergreen Charitable Trust to charge my credit card:

Card number: _____
Expiration date: _____
Amount: $_____

Please pick one: [ ] One time charge
[ ] Monthly charge (If monthly, the charge will apply until canceled.)

Credit card holder name and billing address if different from above:

Name: _____
Address: _____
_____
_____

_____ _____ _____
Signature Print Name Date

Thank you!