

**Yes!** I want to make a tax-deductible contribution to The Friends of McConnell Springs.

Individual Contribution

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

Payment Options

Enclosed is my check/cash  
Please bill me: \_\_\_\_Monthly \_\_\_\_Quarterly  
Other (specify) \_\_\_\_\_  
\_\_\_\_I would like to be an anonymous contributor.  
Contribution Amount \$ \_\_\_\_\_

Matching Gifts

Many companies will match the gift of an employee to a non-profit organization. Ask your employer if a matching program exists on your company.

My employer is: \_\_\_\_\_

Mail to Friends of McConnell Springs  
P.O. Box 12196  
Lexington, Ky 40581-2196

**Yes!** I wish to volunteer at your sponsored events when extra help is needed. Please let me know how I can help.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_