

### TOML Foundation Response Card

I wish to receive additional information on the That Others May Live Foundation.

I wish to make a contribution in the amount of:

\_\_ \$15 \_\_ \$25 \_\_ \$50 \_\_ \$100 \_\_ \$250 \_\_ \$500 \_\_ Other \$ \_\_\_\_\_

Please send me information about estate planning and planned giving.

Please make check or money order payable to "That Others May Live Foundation"

Please charge my:  VISA  Master Card  American Express \_\_\_\_\_

Signature

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Card Security #: \_\_\_\_\_

3-4 Digit Number  
On Back of Card

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Please mail response card to: That Others May Live Foundation, 4855 Ben Salem Way, Hahira, GA 31632. Gifts are tax-deductible to the extent allowed by law.