****

**DONATION FORM**

­­­­­­­­­­­Name:

Address:

­­­­­­­­­­­

City: State: Zip:

Phone:

Email:

Donation Amount: $

Please mail this form and your check to:

**Tallapoosa’s Caring REFUGE, Inc.**

**2036 Cherokee Rd. Suite 25**

**Alexander City, AL 35010**

**Reaching Everyday Fighters Utilizing God’s Embrace**