



Day Spring Mission Statement

It is the mission of Day Spring, Inc. to provide residential services and programs for adults with mental retardation, irrespective of race, creed, or sex.

Such services and programs will provide a stable and secure environment, be designed to help individuals develop to their maximum potential under the guidance of competent professionals, and be provided at the lowest possible cost. It stresses the benefit of living in community (extended family), consisting not only of residents but all who participate in the endeavor.

Donor Form

After download, please print this form, fill in all applicable areas and sign.

Mail to:
DAY SPRING
3430 DAY SPRING CT
LOUISVILLE KY 40213-1061

I would like to join a Day Spring support circle:

Candlelight Guild **Luminary Circle** **Morningstar Circle** **Sun Society** **Solstice Society**
\$1-\$99 \$100-\$499 \$500-\$999 \$1000-\$4999 \$5000 & above

I am interested in joining the **Legacy Circle** by including Day Spring in my will or estate plan. Please contact me.

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

A check is enclosed

Please withdraw the gift from the bank account listed below.

**Please make checks payable
to Day Spring Foundation**

I would like to pledge \$ _____ to be paid monthly or quarterly (please circle)

Please send pledge reminders. Please withdraw the gift as scheduled from the bank account below.

I would like to pay by credit card: Account # _____

Visa MasterCard American Express Expiration Date: ____/____

Please enter your 3-digit credit card security code here _____ Usually located on the back of your card near your signature.

Signature: _____

If you would like your one-time gift or pledged gift to be automatically withdrawn from your checking or savings account, please enclose a voided check from the appropriate account and completely fill out all of the information below:

Bank Name _____ Account Type: Checking Savings

Routing Number _____ Account Number _____

Signature _____ Date _____

Please enter your full name and address as it appears on your account:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____

E-mail Address _____

This gift is in honor memory of _____

Please acknowledge _____

Address _____

City _____ State _____ Zip Code _____

Please send me additional information. I am interested in becoming a volunteer

My contribution was solicited by: _____

My employer matches my gift: _____

"More than a place...it is a way of life."

www.dayspringky.org