



The Xzavier K. Burris Legacy Foundation

Date: _____
(mm/dd/yyyy)

Donor First/Last Name:

Donor Street Address:

City, State, Zip:

Donation Amount: \$ _____

The Xzavier K. Burris Legacy Foundation can only achieve its goals with the assistance of generous donations from members of our community. Without these donations, serving those in our area would not be possible. Since our organization relies on the generosity of individuals like you, we write to ask you to consider a donation to our cause. We hope that you will help support our efforts.

Thank you in advance for your generosity.

Sincerely,

The Xzavier K. Burris Legacy Foundation