



Dear Friends,

I hope this letter finds you well. I am writing to you today on behalf of the AMY Wellness Foundation to honor and celebrate the remarkable contributions of Dr. Larson to our community through his tireless work with Feeding Avery Families.

Since its inception, Feeding Avery Families has been a beacon of hope for countless individuals and families facing food insecurity in our region. Under Dr. Larson's compassionate leadership and unwavering dedication, this organization has transformed lives by providing essential food assistance and support to those in need. His commitment to ensuring that no one in Avery County goes hungry is both inspiring and commendable.

AMY Wellness Foundation has proudly contributed \$98,000 to Feeding Avery Families since 2020. This significant investment underscores our shared commitment to fostering a healthier, more equitable community.

In recognition of Dr. Larson's extraordinary service and to further honor Dr. Larson's retirement and outstanding legacy, we are thrilled to announce a special initiative: AMY Wellness Foundation will be matching gifts and donations to Feeding Avery Families up to \$10,000. This is an incredible opportunity to amplify the impact of your generosity and to ensure the continuation and expansion of the vital programs that Dr. Larson has championed.

We invite you to join us in celebrating Dr. Larson's legacy by making a gift through our Increased Impact program to support Feeding Avery Families. Your contribution, matched by AMY Wellness Foundation, will help sustain the essential work of providing nutritious food to those who need it most. Together, we can continue to build on Dr. Larson's remarkable achievements and support the health and well-being of our community.

Thank you for your continued support and dedication to making a difference. Please feel free to reach out if you need any further information or assistance.

Gratefully yours,

A handwritten signature in black ink, appearing to read "Luke G. Howe", written in a cursive style.

Luke G. Howe  
AMY Wellness Foundation  
Executive Director  
l.howe@amywellnessfoundation.org  
704-691-5567



Donor: \_\_\_\_\_ Date: \_\_\_\_\_

**Fulfillment Options:** Please indicate your preferred method of fulfillment.

**Check**

Please make your check(s) payable to: AMY Wellness Foundation. Checks may be mailed to the address at the bottom of this pledge form or collected by a staff member.

**Credit/Debit Card**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

**Electronic Funds Transfer**

Please provide a signed Electronic Forms Transfer Authorization.

**Transfer of Securities**

Your gift officer will be happy to assist you with transfer information.

**Gift Receipt and Acknowledgment**

Please expect a gift receipt for your tax purposes and a personal acknowledgment of this gift. We are made better by your friendship and our ability to serve Avery, Mitchell, and Yancey Counties.

**Contact Information**

AMY Wellness Foundation  
31 Cross St., Suite 266  
Spruce Pine, NC 28777  
Main Line: (828) 592-4083  
[Info@amywellnessfoundation.org](mailto:Info@amywellnessfoundation.org)

Contributions are tax-deductible under current law.

I do not wish to receive future fundraising efforts from AMYWF. Please include your full contact information and return this card in the enclosed envelope or email [info@amywellnessfoundation.org](mailto:info@amywellnessfoundation.org).



Please consider making a gift to AMY Wellness Foundation in support of Feeding Avery Families.  
Your generosity will make a difference in the lives of your community.

**Donor's Designation**

This gift is being made in support of:

- Feeding Avery Families

**Increased Impact Gift:** AMY Wellness Foundation will match all gifts to support Feeding Avery Families up to \$10,000.

**Gift Option: (please check one)**

- \$25
- \$50
- \$100
- \$250
- \$500
- Other amount \_\_\_\_\_

**OR**

**Pledge Option:**

Total Gift: \$ \_\_\_\_\_

Pledge Term (years): \_\_\_\_\_

Each Installment: \$ \_\_\_\_\_

Installments (#/year): \_\_\_\_\_

First Installment Date: \_\_\_\_\_

If you have any questions or need assistance, please contact Luke Howe at 704-691-5567.

**Donor Information**

Donor Name(s): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature**