

PROJECT SWEET PEAS GIFT FORM

GIFT INFORMATION

Enclosed is my/our gift of \$ _____

\$ _____ The Sweet Support General Fund (Unrestricted Fund)

\$ _____ The Forever Fund (Bereavement Programming Fund)

\$ _____ NICU Financial Assistance Fund

\$ _____ Division (Please include region) _____

\$ _____ Other _____

PAYMENT AUTHORIZATION

I authorize Project Sweet Peas to charge \$ _____ to my:

Visa MasterCard Discover American Express

Card number: _____ Exp. Date: ___/___ CVV: _____

Printed name as it appears on card: _____

Billing Address: _____

Same as mailing address (please supply below)

Signature: _____ Date: _____

MATCHING GIFTS

I anticipate that my gift will be matched by (specify company) _____

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

IN HONOR / IN MEMORY OF

This gift was made in honor of _____.

This gift was made in memory of _____.

Please send an acknowledgement to the following address: _____.

Mail form to: Project Sweet Peas | 45 Boylston Street | Warwick, RI 02889
Contact us at: (765) 490-9876 | info@projectsweetpeas.com

