



DONATION FORM

GIFT AMOUNT

\$10 \$25 \$50 \$100 \$250 OTHER \$ _____

CONTACT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

DEDICATION INFORMATION (OPTIONAL)

This gift is in honor of memory of _____

Send gift acknowledgment to (we will not share gift amount):

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

Please make your check payable to Project Periwinkle

Please return completed form and your check to:

Project Periwinkle

P.O. Box 495, Thiensville, WI 53092

Project Periwinkle is a 501(c)(3) non-profit organization; Tax ID #47-3495943

You will receive a written acknowledgement of your gift with a receipt in the mail soon. Thank you!

www.ProjectPeriwinkle.org