

Donation form

Name: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Home Phone: _____

Email: _____

Name (as it appears on card): _____

Amount of Donation: \$ _____

What event or fund is donation for: _____

Credit card (circle one): Visa MC AmEx Discover

Account Number: _____

Expiration Date: _____

Signature: _____

Please Mail, email form to:

Jackie Griffin

Rethink Possible Initiative, Inc.

83 Henry Johnson Blvd

Albany, NY 12210

Office: (518) 423-2882

Jackie.griffin@rethinkpossibleinitiative.org

