



## DONATION FORM

### **Donor Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

\_\_\_\_\_ Check

**Signature:** \_\_\_\_\_

***Your gift is 100% tax deductible.***

### **Restricted Donation?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If restricted, please let us know which community and/or how you would like your donation to be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **I would like to learn more about planned giving:**

\_\_\_\_\_ Please send information on Pierce Memorial and Creamery Brook planned giving program.

### **Would you like to make this donation in someone else's name?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide name: \_\_\_\_\_

**Thank you for your generous donation!**