



NAME / ORGANIZATION NAME

ADDRESS

CITY STATE ZIP

E-MAIL TELEPHONE

Total Donation/Pledge Amount: \$ _____

I would like to fulfill my donation/pledge via:

Visa / MasterCard / American Express / Discover (circle one)

CARD NUMBER EXPIRATION DATE

Check(s) enclosed (Payable to *Connections*)

I have enclosed a payment of \$ _____

To honor the whole donation/pledge

As the first installment. Please send me periodic reminders:

Annually

Semi-Annually

Quarterly

Signature: _____ Date: _____

TO RETURN, MAIL IN AN ENVELOPE TO THE ADDRESS
PROVIDED OR FOR ELECTRONIC DELIVERY, PLEASE EMAIL
A SCANNED COPY TO DONATE@CONNECTIONSCSP.ORG

3821 LANCASTER PIKE
WILMINGTON, DE 19805
T 302.442.6622 | F 302.984.3324
www.connectionspsc.org

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