



walking with purpose

DONATION FORM

Please send donation along with this form to:

Walking with Purpose, 15 E. Putnam Avenue, Greenwich, CT 06830

Donation Amount: \$ _____

YES! I would like to join **The Little Flower Circle** and make this a recurring monthly donation:

\$10/month \$25/month \$50/month \$ _____/month

DONOR INFORMATION:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

Email Address: _____ I would prefer not to receive periodic emails containing news, blog posts, or invitations.

PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:

Card Type: AMEX Visa MasterCard Discover

Cardholder's name: _____ Card Number: _____

Card Expiration (MM/YY): _____ Billing Zip/Postal Code: _____

CVC Code: _____ Signature of cardholder: _____

IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK MADE PAYABLE TO WALKING WITH PURPOSE WITH THIS FORM.