



walking with purpose

DONATION FORM

**Please mail your donation along with this form to:
Walking with Purpose, 15 E. Putnam Avenue, Greenwich, CT 06830**

One-Time 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 \$100 / 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.

Name to appear in WWP Annual Report: _____

Donors contributing \$500 or more during the fiscal year May 1 to April 30 will be acknowledged using this name in our Annual Report. Please submit how you would like your "preferred recognition name" to appear in our Annual Report.

I would like this gift to remain anonymous

TRIBUTE INFORMATION:

I would like to make this gift: In honor In memory Tribute name: _____

Please email me a printable card to share with my honoree.

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

Card Type: AMEX Visa MasterCard Discover

Credit cardholder's name: _____

Credit Card Number: _____

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

Signature of cardholder: _____

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