

## We supply hope for a brighter tomorrow

## PRINT & SEND DONATION FORM

Please mail your tax deductible donation with this form to: P.O. Box 52 West Deptford New Jersey 08086

Donor Inform	ation				
Title	First Name	_ First Name		Last Name	
Address Infor	rmation				
Address:					
			Zip Code		
Phone:		Email:			
☐ Yes, I would	d like to receive online	e communications from	the South Jersey Dream	Center	
Gift Amount:	(please check one)				
□ \$500 □ \$	\$200 🗖 \$100 🗖	J \$50 ☐ Other Amou	nt:	_	
Payment Opti	ions:				
☐ I have enclo	osed a check 🛮 🗖 I w	ould like to charge my	contribution		
Card Type:		Card Number:			
Card Expiratio	n (MM/YYYY):	Signature:_			
	to make this contributi		nor, please let us know the h cknowledgement, please inc		
Honoree Info	rmation				
Title	First Name	First Name Last Name			
Address Infor	rmation				
Address:					
City:		State	Zip Code		
Honoree Mes	sage				

Thank you for your help! You will receive acknowledgement for tax purposes in the mail within two weeks.

Donations made through this offer represent a gift to the South Jersey Dream Center's entire mission. We use your gifts where they can do the most good by pooling them with gifts of others to help break the cycle of poverty in South Jersey. Therefore, gifts of less than \$10,000 cannot be designated to specific programs of locations unless otherwise stated.