



## Yes, you can count on my (our) support!

I (we) enclose a total of \$ \_\_\_\_\_, or  
Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard  
CVV Security Code (3 digits on back of card): \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I wish my contribution to support:  
\_\_\_\_\_ Greatest Need \_\_\_\_\_ PAI Endowment Fund  
\_\_\_\_\_ Other: \_\_\_\_\_

Gift will be matched by: \_\_\_\_\_  
(Company / Family / Foundation)  
\_\_\_\_\_ Form enclosed \_\_\_\_\_ Form will be forwarded

Please print your name as you would like it in all acknowledgments, or

\_\_\_\_\_ I (we) wish to have our gift remain anonymous

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

Billing address: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (business) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

My gift is given \_\_\_\_\_ in honor \_\_\_\_\_ in memory of \_\_\_\_\_

\_\_\_\_\_ Please contact me about planned giving options.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

*Your contribution to Productive Alternatives, a 501 (c) (3) organization is tax-deductible as defined by law.  
Please make checks, corporate matches or other gifts payable to Productive Alternatives Development Fund.  
Thank you for your support!*