



South Providence Neighborhood Ministries
YES!! I want to invest in the welfare of South Providence.

- | | | | |
|--|------------|--|-----------|
| <input type="checkbox"/> \$ 5000 & up | Patron | <input type="checkbox"/> \$ 250 - \$ 499 | Partner |
| <input type="checkbox"/> \$ 1000 - \$ 4999 | Benefactor | <input type="checkbox"/> \$ 100 - \$ 249 | Supporter |
| <input type="checkbox"/> \$ 500 - \$ 999 | Sustainer | <input type="checkbox"/> up to \$ 99 | Friend |

- Enclosed is my gift of \$ _____ (Please make checks payable to SPNM)
 Credit Card Number _____ VISA MC

Pledge monthly quarterly yearly from SECA from CFC

Name _____
Print name as you want it to appear on recognition list I do not want my gift listed publicly.

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Yes, my company _____ supports non-profit donations through a matching gift program. I am sending the form to increase my gift.

I wish my gift to be given in memory of: Name: _____

in honor of: Name: _____

Please notify the following of my gift: Name _____

Address: _____