



for the greener good

Park Pride Annual Fund Donation Form

Contact Information

Name							
Public Acknowledgement (as you wished to be recognized if different from above)							
Home Address		City		State		Zip	
Phone		Email					

I would like to make a donation of: \$ _____

This is a recurring gift: Monthly Quarterly

I would like to make a gift in honor of _____

I would like to make a gift in memory of _____

Send notification of this tribute gift to (please include name and email or mailing address):

Payment

I am making my gift by: Cash Check (payable to Park Pride) Credit Card (see below)*

My or my spouse's employer has a matching gift program (form enclosed).

*

Name On Card				Card Number			
Card Type (circle/check one)	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard			
Expiration Date		CVV		Signature			
Billing Address (if different from home)			City		State		Zip

I would like to receive email updates about Park Pride.

I would like more information on supporting Park Pride through my Will or Estate Planning.

I would like more information on supporting Park Pride through a Gift of Stock.

Return to: Park Pride, 233 Peachtree Street NE, Suite 1600, Atlanta, GA 30303

Questions? Please contact Jane Zoellick at 404-546-6855 or jane@parkpride.org