

PCC Days of Giving Gift 2017-2018

Yes I would like to contribute to the work of the PCC.

Your Name _____

Street Address: _____

City _____ State _____ Zip _____

Tel: _____ Email: _____

Amount \$ _____ Check # _____ Date of Check _____

Credit Card: V__ MC__ D__ AE__ Exp: ____/____/____ 3 digit CVV ____

Account # _____

Your Signature: _____

Your name as you wish it to appear in donor list in program.

Contribution Levels

Every gift is greatly appreciated!

Director's Circle. \$2,500+
Partner. \$1,000 - \$2,499
Associate. \$500 - \$999
Patron. \$250 - \$499
Sustainer. \$100 - \$249
Friend. \$1 - \$99

Please list this gift as "Anonymous"

Gift in memory of

Gift in honor of

My employer offers a matching gift.

I am enclosing a form.