



walking with purpose

# DONATION FORM

**Please mail your donation along with this form to:  
Walking with Purpose, 15 E. Putnam Avenue, Greenwich, CT 06830**

One-Time Donation Amount: \$ \_\_\_\_\_

**YES!** I would like to join **The Little Flower Circle** and make this a recurring monthly donation:  
 \$10 / month  \$25 / month  \$50 / month  \$100 / month  \$ \_\_\_\_\_ / month

## DONOR INFORMATION:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I would prefer not to receive periodic emails containing news, blog posts, or invitations.

Name to appear in WWP Annual Report: \_\_\_\_\_

*Donors contributing \$500 or more during the fiscal year May 1 to April 30 will be acknowledged using this name in our Annual Report. Please submit how you would like your "preferred recognition name" to appear in our Annual Report.*

I would like this gift to remain anonymous

## TRIBUTE INFORMATION:

I would like to make this gift:  In honor  In memory Tribute name: \_\_\_\_\_

Please email me a printable card to share with my honoree.

## PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:

Card Type:  AMEX  Visa  MasterCard  Discover

Credit cardholder's name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Expiration (MM/YY): \_\_\_\_\_ CVC Code: \_\_\_\_\_ Billing Zip/Postal Code: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK MADE PAYABLE TO:  
WALKING WITH PURPOSE ALONG WITH THIS FORM.**