

Annual/One Time Only Individual Donation Form

Yes! I want to donate to Puzzle Piece Programs. Please complete this form, print it out, and enclose it with your payment, payable to the Puzzle Piece Programs. Mail to: Puzzle Piece Programs, 8412 Falls of Neuse Road, Suite 102, Raleigh NC 27615. Fax to: 919-882-9933.

Name (as you wish listed): \_\_\_\_\_

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

City, State, ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I would like to support Puzzle Piece Programs as a/an:

- |   |  |
|---|--|
| <input type="checkbox"/> Benefactor (\$25,000 and above)                | <input type="checkbox"/> Silver Founder (\$250 to \$499) |
| <input type="checkbox"/> Leadership Circle Donor (\$10,000 to \$24,999) | <input type="checkbox"/> Bronze Founder (\$150 to \$249) |
| <input type="checkbox"/> Pacesetter (\$5,000 to \$9,999)                | <input type="checkbox"/> Founder (\$100 to \$149)        |
| <input type="checkbox"/> Patron (\$2,500 to \$4,999)                    | <input type="checkbox"/> Associate (\$50 to \$99)        |
| <input type="checkbox"/> President's Circle donor (\$1,000 to \$2,499)  | <input type="checkbox"/> Contributor (\$25 to \$49)      |
| <input type="checkbox"/> Gold Founder (\$500 to \$999)                  | <input type="checkbox"/> Other \$ _____                  |

Amount Enclosed: \$ \_\_\_\_\_

Is your donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please send an acknowledgment card to:

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

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

City, State, ZIP Code: \_\_\_\_\_

I'm making a gift by  Check     Visa     MasterCard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you!**