

THE GRODEN NETWORK



THE GRODEN CENTER
THE COVE CENTER
THE HALCYON CENTER
KINGSTON HILL ACADEMY

THE GRODEN NETWORK GIVING FORM

The Groden Center, The Cove Center, The Halcyon Center, Kingston Hill Academy

Donor Information:

Name as it appears on credit card _____

Billing Address _____

City State Zip _____

Daytime Phone _____

Email Address _____

The Groden Network does not sell its mailing lists. Your information is kept in confidence.

Payment Options:

A check is enclosed, payable to The Groden Network, Inc.

Please charge my (circle one) MasterCard / Visa.

Card Number _____

Expiration Date _____

Gift Amount: *100% of your donation is tax deductible.*

\$1000 \$500 \$250 \$100 \$50

Other _____

Direct my Gift to:

Please indicate the organization or program you wish to support.

The Groden Center The Cove Center The Halcyon Center Kingston Hill Academy

Note: If you would like your donation to be directed to a specific program, please make a note below.

Where it is most needed



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continued

I would like my Gift to be:

- In memory of _____
- In honor of _____
- I/We would prefer my gift to be anonymous.
- I/We would like to be listed in the annual report with our names to appear as:

Matching Gift:

- I work for a matching gift company. My matching gift form is being mailed.

My Employer's name is _____

Other:

- I am interested learning more about The Groden Center, The Cove Center, Halcyon Center or Kingston Hill Academy. Please send me information.
- I would like to learn more about other giving opportunities, such as gifts of security and planned giving. Please contact me.

THANK YOU!

Donations should be mailed to:

The Groden Network
Development Department
610 Manton Avenue
Providence, RI 02909