

THE GRODEN  
NETWORK



THE GRODEN CENTER  
THE COVE CENTER  
THE HALCYON CENTER

# THE GRODEN NETWORK GIVING FORM

The Groden Center, The Cove Center, The Halcyon Center

## 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

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

\_\_\_\_\_

\_\_\_\_\_

Where it is most needed

*continued*



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## 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, or Halcyon Center. 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  
Marketing/Development Department  
610 Manton Avenue  
Providence, RI 02909