



FRIENDS WAY Donation Form

YES, I would like to make a tax deductible gift to FRIENDS WAY!

Enclosed, please find my check in the amount of \$ _____.

or

Please charge my credit card in the amount of \$ _____.

Mastercard Visa

(Please print.)

Name _____

Address _____

City: _____

State _____ Zip _____

Phone _____ (Please include area code.)

General donation

In honor of: _____

In memory of: _____

I request that you send acknowledgement of my donation to:

Name _____

Address _____

City: _____

State _____ Zip _____

Mail to:

FRIENDS WAY
765 West Shore Road
Warwick, RI 02889