



P.O. Box 1304 | Newburyport, MA 01950  
1.800.775.5704 | www.amazonpromise.org

## GIFT FORM

### PLEASE TELL US ABOUT YOURSELF:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Please do not list my name in any publication.

### GIFT INFORMATION

Enclosed is my/our gift of:  \$1,000  \$500  \$250  \$100  Other \$ \_\_\_\_\_

I/We would like to support:

- Amazon Promise Fund for Greatest Need
- Promesa de Belèn (Belèn Clinic)
- Other \_\_\_\_\_

This gift is:  In memorial  In tribute/honor  An alternative gift

In the name of: \_\_\_\_\_

Please send a gift notification to:

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

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

### PAYMENT AND OTHER INFORMATION

I am making my gift by:

- Check (please make payable to Amazon Promise)
- I have enclosed a complete matching gift form issued by my or my spouse's employer.

*Did you know you can make a gift with your credit card?*

We currently accept credit card gifts via an online service, PayPal. Please go to our website [www.amazonpromise.org](http://www.amazonpromise.org) and click on "Get Involved".

- I would like to receive the Amazon Promise email newsletter.
- Please contact me about volunteer opportunities.
- Please contact me about fundraising priorities.

**THANK YOU FOR YOUR SUPPORT!**