



Mail in Donation Form

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Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Get interesting news, updates, and information about community events delivered directly to your inbox.
We won't bombard you with emails, and we don't share your email.

Phone – Home: _____ Cell: _____

PAYMENT OPTIONS

One Time Gift Amount: _____

- I'm enclosing my check made payable to **The Peace Center**.
- Please charge my credit/debit card:
- Visa Mastercard American Express Discover

Cardholder Name: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

OR BECOME A SUSTAINING DONOR!

Your monthly gift will make a significant difference.

- YES! Please bill my credit/debit card in the amount of \$ _____ per month.
- YES! I would like to make a monthly gift in the amount of \$ _____ using my checking account. I have attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you select. You may cancel or change the amount at any time by calling 215-750-7220 x 1104.

Please mail completed form to:
The Peace Center | 102 W Maple Ave | Langhorne, PA 19047-2820