



**2008 Friend of Pride Donation Form**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Friend of Pride level of donation:

\_\_\_\_\_ Purple \$1,500

\_\_\_\_\_ Pink \$1,000

\_\_\_\_\_ Blue \$600

\_\_\_\_\_ Green \$275

\_\_\_\_\_ Yellow \$150

\_\_\_\_\_ Orange \$75

\_\_\_\_\_ Red \$35

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\_\_\_\_\_ Please charge my credit card the FULL amount indicated above

\_\_\_\_\_ Card number \_\_\_\_\_ Expiration Date

Name as it appears on the card: \_\_\_\_\_

\_\_\_\_\_ Check for FULL payment enclosed

\_\_\_\_\_ Please contact me to set up a payment plan!

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My donation is in memory of: \_\_\_\_\_

My donation is in honor of: \_\_\_\_\_

\_\_\_\_\_ I wish to remain anonymous, please do not publicize my donation!