



THANK YOU FOR YOUR DONATION

PLEASE INDICATE THE AMOUNT YOU WILL BE DONATING

\$

- A ONE TIME PAYMENT
- A PAYMENT EVERY MONTH FOR 6 MONTHS
- A PAYMENT EVERY MONTH FOR ONE YEAR
- A MONTHLY ONGOING UNTIL I NOTIFY YOU TO STOP

I WOULD LIKE TO MAKE MY DONATION: IN MEMORY OF / IN HONOR OF (CIRCLE ONE)

Please acknowledge my "in memory of" or "in honor of" gift with a note to the following name and address:

NAME
ADDRESS
CITY/TOWN
STATE ZIP CODE

Please provide the following information so that SKIP can record your donation and acknowledge its receipt.

NAME
ADDRESS
CITY/TOWN
STATE ZIP CODE
PHONE EMAIL

PRINT THE COMPLETED FORM, INCLUDE YOUR CHECK, AND MAIL TO:
SKIP
PO BOX 538
PROVINCETOWN, MA 02657