



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

WE WILL BE HAPPY TO ACKNOWLEDGE YOUR DONATION WITH A CARD

NAME

ADDRESS

CITY/TOWN

STATE ZIP CODE

PLEASE FILL OUT THE INFORMATION REQUESTED BELOW SO WE CAN RESPOND TO YOUR REQUEST

NAME

ADDRESS

CITY

STATE ZIP CODE

PHONE

OR

EMAIL

PRINT THE COMPLETED FORM, INCLUDE YOUR CHECK, AND MAIL TO:

SKIP

Post Office Box 538

PROVINCETOWN, MA 02657

SKIP IS A 501(c)3 COMMUNITY-BASED NON-PROFIT ORGANIZATION
DONATIONS ARE TAX DEDUCTIBLE TO FULLEST EXTENT OF THE LAW