



Thank you for your support. When you donate to The Sisters' Project you are personally supporting local residents who are battling cancer.

Your Information:

Name

Address

City

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Donation Information:

Gift Amount \$ _____

Check (please make payable to The Sisters' Project)

Visa Mastercard Discover American Express

Credit Card Number

Exp. Date

CVC Code

Billing Zip Code

Name as it appears on the Card

***This gift is:**

In Memory of:

In Honor of:

Please acknowledge this donation to:

Name

Address

City

State

Zip

*Donation amount will not be disclosed in acknowledgement

Matching Gifts:

Check here if your company will match your gift.

If you or your spouse work for a company that matches all or part of its employees' charitable contributions, please ask for the company's Matching Gift form to return with your contribution.

Please return this form with your donation to: The Sisters' Project, PO Box 1643, Wallingford, CT 06492