

sitesALIVE Foundation Donation Form

Name: _____
 Mr./Ms, etc. First M.I. Last

Address: _____

City: _____

State/Province: _____ **Postal Code:** _____

Country: _____

Home Phone: _____

Email Address: _____

Gift Amount (please check one)

\$10,000

\$2,500

\$500

Other: \$ _____

\$5,000

\$1,000

\$100

Does your employer have a matching gift program? _____

If so, please provide the employers name, address, contact person and contact phone number below:

Contact Name: _____

Company: _____

Address: _____

Contact Phone: _____

To make a gift, please print and mail:
(check made payable to sitesALIVE Foundation)

**sitesALIVE Foundation, Inc.
63 Main Street, Third Floor
Gloucester, Massachusetts 01930**

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