

SUPPORT THE 5P- SOCIETY

Yes, I want to help the 5p- Society continue to support its Mission Statement and its family support and educational initiatives.

ENCLOSED IS MY DONATION OF:

___ \$10 ___ \$25 ___ \$50 ___ \$100 ___ \$500 ___ \$1000 Other _____

Payment made by check _____ (make check payable to the 5p- Society)

Credit card MasterCard Visa

Card No. _____

Expiration date: _____ Last three digits on back of card: _____

Cardholder name: _____

I authorize the 5p- Society to charge my credit card for a donation in the amount of _____.

Signature of card holder

Thank you for your generous donation. The 5p- Society would like to properly acknowledge your donation. Please fill out the information below. If requested, acknowledgment of your donation will be sent to the individual listed below.

Your Name: _____ Phone #: _____

Address: _____ Email: _____

City, State/Province, Zip _____ Country: _____

This donation is being made in honor of: _____

This donation is being made in memory of: _____

This donation is being made to help support the following event: _____

This donation is being made to renew my membership: _____

Please send an acknowledgment to : _____

Address: _____

City, State/Province, Zip _____ Country: _____

Please return this form to:

5p- Society
PO Box 268
Lakewood, CA 90714-0268

Fax to: 562-920-5240

Email to director@fivepminus.org