



PLEASE PRINT CLEARLY

DONOR / BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

MONTHLY GIFT Make this a monthly gift.

Please ask your employer to consider a matching gift program to the Partners For Quality Foundation.

DONATION INFORMATION

Amount: \$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

Designation: Allegheny Children's Initiative Citizen Care Exceptional Adventures
 Milestone Centers Wherever it's needed most

Specific program? _____

I prefer to make this gift anonymously. Name as you would like it in publications:

continued on back

PAYMENT INFORMATION

Cardholder Name: _____

Credit Card Number: _____

Card Type: Discover MasterCard Visa

Expiration: Month: _____ Year: _____ 3-Digit Security Code: _____

Check enclosed

TRIBUTE INFORMATION

This gift is: In memory of In honor of

Name: _____

Please send an acknowledgement letter to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to: **Partners For Quality Foundation**

SEND YOUR GIFT, ALONG WITH THIS COMPLETED FORM TO:

Partners For Quality Foundation
250 Clever Rd.
Pittsburgh, PA 15136

Thank You
for your gift!