ProJeCt

The Center for Family Assistance and Literacy

ProJeCt of Easton, Inc.
320 Ferry Street
Easton, PA 18042

Enclosed is my gift of: ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ Other $_____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

☐ Enclosed is my check made payable to ProJeCt of Easton, Inc.
☐ Please charge my credit card* (circle one)

VISA MC DISCOVER AMEX

__ __ __ __-__ __ __ __ -__ __ __ __-__ __ __ __ Expiration ____/____

3 or 4 digit security code __ __ __ __

Signature _____ Date _____

This gift is in honor/memory of _____(circle one)
Please send an acknowledgment from _____
And send to: Name _____
Address _____
City _____ State _____ Zip _____

☐ I/We wish our gift to remain anonymous.
☐ I will contact my employer regarding a matching gift.
☐ This gift is designated to the Dr. John Updegrove for ProJeCt unrestricted fund.
☐ This gift is designated to the Herbert Snyder for ProJeCt Endowment Fund.
☐ Please contact me regarding planned giving.

*Credit card transactions will be processed through a secure on-line provider (IATS Ticketmaster)