

Perception Programs, Inc.

- providing a continuum of services for substance abuse, co-occurring mental health treatment, AIDS and criminal justice
-

Donation Form

Thank you for touching the lives of the people we help with your donation to Perception Programs. Your help is greatly appreciated and is tax deductible as we are a nonprofit agency.

I am donating \$_____. If you are mailing a check please make it out to Perception Programs. If you would prefer to use your credit card please fill out the information below.

MasterCard _____ Visa _____ Discover _____

Name on card: _____

Authorizing Signature: _____

Card number: _____

Expiration Date: _____

My donation is in honor or in memory of _____

Please acknowledge my donation to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

My company, _____ will match my donation.

Attached is the paperwork from my workplace.

Mail or fax this form to:

Perception Programs
PO Box 407
Willimantic, CT 06226

Fax: (860) 450-7127