



## Philadelphia READS Donation Form

### Donor Information

First Name	Last Name	
Street Address	Apt/Suite	
City	State	Zip Code
Telephone Number	Email	
Company (if applicable)	Title	

### Gift Information

- ☐ **I am enclosing a check:** \$ \_\_\_\_\_ (Please make checks payable to Philadelphia READS)
- ☐ **Please charge my credit card:** \$ \_\_\_\_\_
- ☐ **Yes! I would like to make a monthly donation in the amount of \$ \_\_\_\_\_ beginning this date** \_\_\_\_\_

**Card Type (please circle):** Visa    MasterCard    American Express    Discover

Credit Card Number	Expiration Date	CVV
Name as it appears on card	Cardholder Signature	

**This donation is being made in** ☐ **honor of/** ☐ **memory of** \_\_\_\_\_

### **Please notify:**

First Name	Last Name	
Street Address	Apt/Suite	
City	State	Zip Code

- ☐ **My company matches donations. Enclosed please find a matching gift form.**

Philadelphia READS is a non profit 501 (c) (3) corporation. Official registration and financial information of Philadelphia READS may be obtained from the Pennsylvania Department of State.