



Peter's Place
A Center for Grieving Children and Families

I want to help Peter's Place provide comfort, hope, and healing to grieving children and families.

Name:

Address:

Telephone:

Email:

Payment Arrangements

My check for \$ _____, made payable to **Peter's Place**, is enclosed.

I would like to donate using VISA or MASTERCARD (circle one)

Credit Card # _____

Expiration Date: _____

Signature: _____

I would like to make a gift of appreciated securities. Please contact me at: _____

Send this form to:

Peter's Place
150 N. Radnor Chester Road
Suite F 130
Radnor, PA 19087

Phone: 610-687-5150

Fax: 610-687-5120

I am pledging a contribution of:

- Oaks \$10,000 and over
- Sycamores \$5,000-\$9,999
- Walnuts \$2,500-\$4,999
- Chestnuts \$1,000-\$2,499
- Willows \$500-\$999
- Birches \$250-\$499
- Maples Up to \$249
- Other _____

I am making a contribution:

In honor of _____

In memory of _____

Please notify: (If possible, please provide any contact information so that we can notify the appropriate person or family.)
