



*I want to help Peter's Place provide comfort, hope, and healing to grieving children and families with a contribution of:*

- Oak** \$10,000 and over
- Sycamore** \$5,000 - \$9,999
- Walnut** \$2,500-\$4,999
- Chestnut** \$1,000-\$2,499
- Willow** \$500-\$999
- Birch** \$250-\$499
- Maple** Up to \$249
- I/We would prefer to remain anonymous**

**DONOR INFORMATION**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_                      \_\_\_\_\_  
State                                      Zipcode

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

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

**Please mail or fax this form to:**

**Peter's Place**  
**150 N. Radnor-Chester Road**  
**Suite F130**  
**Radnor, PA 19087**

**Fax: 610-687-5120**  
**Phone: 610-687-5150**

**PAYMENT/DONATION INFORMATION**

A check is enclosed payable to "Peter's Place."

Bill me through my credit card (circle one)

VISA    MASTERCARD    AMERICAN EXPRESS

\_\_\_\_\_  
Donation Amount

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Account Number

\_\_\_\_\_                      \_\_\_\_\_  
Expiration Date                      CVV

\_\_\_\_\_  
Authorized Signature

**I am making a contribution**

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

**Please notify:**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_                      \_\_\_\_\_  
State                                      Zipcode