

# Give a Gift Now



Because Everyone's Need Is Special

I/We would like to make a gift of \$ \_\_\_\_\_

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## This gift is a:

- One-time Gift
- Pledge (A foundation representative will contact you to schedule your pledge payments.)

Does your employer match employee donations? \_\_\_\_\_

## Credit Card Information

Name: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ SID #: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail your completed form to:  
Archway Programs Foundation  
280 Jackson Road, P.O. Box 668  
Atco, NJ 08004

Or, fax your completed form to:  
Archway Foundation  
856-753-5882

*Archway Programs would like to thank you in advance for your generous donation.*