

CONTRIBUTION FORM

Name: _____

Spouse's Name: _____

Address: _____

Daytime Phone: (____) ____- _____

Evening Phone: (____) ____- _____

Email address: _____

Date: _____

◇ Enclosed is a check for my tax-deductible contribution in the amount of: \$ _____

Make checks payable to the Dunn Institute

◇ Charge my tax-deductible contribution to my credit card in the amount of \$ _____

Card Type: Mastercard / Visa

Card #: _____

Name that appears on card

Expiration date: _____

Signature: _____

Please mail this completed form to:
The Dunn Institute
c/o Marlene Harrington
220 West Exchange Street
Providence, RI 02903

Thank you for your generosity – your gift will make a world of difference in the life of a child! If you have questions regarding your gift, please contact Marlene Harrington at 401-831-7323 x 18 or harrington.marlene@gmail.com.