

Donate by Mail

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AccessPoint RI PO Box 20130 Cranston, RI 02920 Is an exempt 501(c)(3) nonprofit organization. Your gift is tax deductible in accordance with Internal Revenue Code.

☐ Children's Services

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Address:	
City, State, Zip:	
Daytime Phone:Email Address:	
☐ Please add me to your mailing list ☐ Please add me to your e-r	nail list
	1
Gift Information	
☐ Enclosed is my gift of \$(Please make checks payable to AccessPoint RI.)	
☐ I would like to make a monthly contribution of \$/month	
☐ Please charge my credit card for \$ ☐ VISA ☐ MC	□AMEX
Credit Card Number:	_
Name as it appears on card:	_
Signature:	_
This donation is made: In Honor of:	_
In Memory of:	_
Other:	_

☐ Adult Day Services

☐ Cornerstone School

☐ General Purpose