



Puzzle Pieces, Inc.

"Making a Difference in Lives One Piece at a Time"

Executive Director, Amanda Owen
amandaowen@puzzle-pieces.org

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to Puzzle Pieces, Inc.

My name: _____

Address: _____ Home phone: (_____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one): General Donation Gift in memory of:

(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____

(name or names)

Gift in honor of:

(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____

(name or names)

***We thank you for your support.
Your contribution is tax-deductible.***