



DONATION FORM

I am making a gift in the amount of:

One-time gift: \$35 \$50 \$100 \$500 Other: \$ _____

Monthly gift*: \$7/mo. \$10/mo. \$25/mo. Other: \$ _____

PERSONAL INFORMATION

Name _____

Street Address _____

City _____

State/Province _____

Postal Code _____

Country (if not US) _____

PAYMENT DETAILS

My check is enclosed (made payable to TTP). For monthly gifts, your first check will be used to establish your electronic funds transfer (EFT).

I prefer to charge my contribution to my:

VISA Mastercard
 American Express Discover

Choose one:

MONTHLY GIFT
 ONE-TIME GIFT

To give monthly, a credit/debit card is required, or enclose a voided check.

Card No. _____

Exp. Date _____

Amount \$ _____

Signature _____

Phone No. (optional) _____

TTP is a 501(c)(3) tax-deductible organization. Federal tax ID 82-2269798
Questions? Please contact Rachel@TheThinkingProject.Org

Mail to:
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Denver, CO 80211

Thank you for your generous and thoughtful donation!