



DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please find enclosed check made payable to Paige's Butterfly Run, Inc.

Please charge my (circle one): VISA MASTERCARD DISCOVER AMEX

One time donation Monthly recurring donation

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Donation Amount: _____

I wish to make this gift in memory / in honor (circle one) of: _____

Please notify the following person(s) of my contribution: _____

Address: _____

City: _____ State: _____ Zip: _____

Please return completed form to: Paige's Butterfly Run, Inc.
50 Presidential Plaza, Suite 106
Syracuse, NY 13202

*Your gift is tax deductible to the extent permitted by law.
Paige's Butterfly Run Inc. is a not-for-profit New York corporation, and has been granted 501c3 status by the Internal Revenue Service.*