



Donation Form

Personal Information

Title	First Name	Last Name
Street Address		City/State/ZIP Code
Phone Number	Email	

Payment Information

I would like to contribute by: Credit Card (complete following fields) Check (attach check to this form)
Make payable to: Turningpoint

Please charge my gift to: VISA MasterCard

Please charge my card: One time Quarterly Monthly

Gift Amount (\$)	Name as it appears on card (if different from above)
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Card Number	Security Code	Expiration Date: Month	Year
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This gift is:

Name	Occasion (if honor gift)
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Please send acknowledgement of my gift to: In honor of In memory of

Title	First Name	Last Name
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Street Address	City/State/ZIP Code
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Please send this completed form along with payment to:

Turningpoint
P.O. Box 304
River Falls, WI 54022

On behalf of the many individuals who benefit from programs at Turningpoint, thank you for your gift.

Thank you again for supporting our fundraising efforts! Much of what we do would simply not be possible without the support of friends like you!