



**The Compassionate Friends**  
*Greater Providence Area Chapter*  
Supporting Family After a Child Dies

## Remembrance Garden Donation Pledge Form

Donor Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Pledge Commitment

**I will fulfill my pledge commitment of:**

\_\_\_ \$1,000 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$50 \_\_\_ \$25 \_\_\_ Other \$ \_\_\_\_\_

**as follows:**

\_\_\_ one-time donation

\_\_\_ annual (every year) one-time donation

\_\_\_ monthly installments of \$ \_\_\_\_\_

\_\_\_ quarterly installments of \$ \_\_\_\_\_

\_\_\_ other payment plan \_\_\_\_\_

### Payment Information

**I will make my payment as follows:**

\_\_\_ Check enclosed (please make payable to: TCF Greater Providence Chapter)

\_\_\_ Online using PayPal at [www.tcfprovidence.com](http://www.tcfprovidence.com)

**Please return this form (along with your check if paying by check) to:**

TCF Greater Providence Chapter  
Co-Leader Lucille Valliere  
10 Dail Drive  
North Providence, RI 02911

**Thank you!**