



DONATION PLEDGE FORM

Please print and complete this form and mail it along with your contribution. Make checks, corporate matches or other gifts payable to:

Massachusetts Prevention Alliance

P.O. Box 65
Lincoln, MA 01773

EIN: 45-4963321

Contact: Heidi Heilman, Executive Director • 508-439-0926 • heidiheilman@mapreventionalliance.org

Donor Information

Name _____

Billing Address _____

City _____ State _____ Zip Code _____

☐ Yes, I (we) wish to have our donation remain anonymous

Pledge Information

I (we) pledge a total contribution of \$ _____ to be paid:

☐ Now

☐ Quarterly

☐ Monthly

☐ Yearly

A gift will be matched by (company/family/foundation) _____

☐ Form enclosed

☐ Form will be forwarded

☐ Please contact me about planned giving opportunities

Donation Information

Amount of enclosed check: \$ _____

(Make payable to Massachusetts Prevention Alliance)

Acknowledgement Information

My gift is in memory of _____

My gift is in honor of _____

Please notify the following individual(s) of this gift:

Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Thank you for supporting the Massachusetts Prevention Alliance. Contributions are tax deductible within the limits of federal and state tax law.