



Donation Form

Mail Completed Form to: Herren Project, P.O. Box 131, Portsmouth, RI 02871

Donation Amount: \$ _____ Monthly One-Time

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ / _____ Email _____

Yes, I would like to be added to your e-mail list Yes, I would like to be added to your mailing list

Gift Information

Enclosed is my gift of \$ _____ *(Please make check payable to Herren Project)*

Please charge my credit card for \$ _____  *(We do not take Discover)*

Card Number _____ Exp Date _____ CVV # _____

Name on Card _____ Signature _____

Are you Dedicating this Donation?

Yes, my donation is in memory of _____

Yes, my donation is in honor _____

Would you like to send a notification of your donation? Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Personal Message _____

Maximize your Impact! Use your employer's matching gift program & double your support to Herren Project.

Herren Project is a 501(c)(3) nonprofit organization. We are an addiction recovery and prevention nonprofit and welcome donations of all kinds. Donations are tax deductible to the fullest extent permitted by law. Please check with your personal tax advisor regarding the deductibility of your gift.