

Donation Form



In support of the Jonnycake Center for Hope, please accept this gift in the amount of \$ _____ to Nourish, House and help our neighbors Thrive!

Name(s) _____

Mailing Address _____

Email _____ Phone _____

Would you like to sign up for our Newsletter? Yes No

Timing of gift

A one-time gift is enclosed.

Please sign me up for Monthly Giving (enter credit card information below)

Preferred day of the month for your credit card to be charged _____

Payment method

Cash or equivalent (Please make check payable to Jonnycake Center for Hope)

Credit card: Please charge my MC Visa AmEx Discover

Credit Card Number: _____ Exp. Date: _____

Credit Card Billing Zip Code: _____ Security Code: _____

Signature _____ Date _____

Recognition and Records

Please make this gift anonymous.

Please list my gift in honor of/ in memory of:

Name(s) (as recognized) _____

Acknowledgement to be sent to:

Name(s) _____

Address: _____

Message (optional) _____

Please send this form to:
Jonnycake Center for Hope
22 Kersey Road, Peace Dale, RI 02879