



Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Monthly Peppermint Partner contribution: \$10 \$25 \$50 \$100 \$250 \$500 Other: _____

Method of payment: Check Charge Card Please charge my contribution to: Visa MasterCard

Account #: _____ Exp. Date: _____ CVV Code: _____

(The last 3 digits AFTER the credit card number in the signature area of the card.)

Signature: _____

Please make your check payable to Peppermint Ridge.

Thank you

SAVE A STAMP!
Enroll online at www.PeppermintRidge.org

Contributions are tax deductible to the extent allowed by law. Peppermint Ridge is a 501(c)(3) non-profit organization.