

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift

DONOR INFORMATION			
Donor Name (First Name and Last Name):			
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Address (If you're making this donation on behalf of	an organization, please provide the company's	address):	
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Country:	Email Address (Optional)	ı:	
Telephone Number (Optional): By providing your email address and/or ph involved with The Greg Hill Foundation. You	one number, you will receive updat		☐ Home ☐ Mobile
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One Time Gift Amount:			
☐ I'm enclosing my check made pay	able to The Greg Hill Foundat	ion	
I WANT TO SUPPORT Please designate which state you would like	your donation to be allocated to. You	ı may check multiple boxe	s, in which case your donation will be
equally dispersed between the states.			
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General Donation			

PLEASE MAIL THIS COMPLETED FORM TO:

The Greg Hill Foundation | 800 West Cummings Park, Suite 3700 | Woburn, MA | 01801