



CHECK DONATION FORM

Please Print

Today's Date: _____

First and Last Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City/State/Zip _____

Phone: _____ Email: _____

Please accept my donation of \$ _____

Please, check all that apply:

This gift is given in memory of: _____

Please, keep this donation confidential.

I would like this donation applied toward the following Pathway program:

I would like a donation receipt sent to the above address.

Please make your check payable to Pathway Enterprises, Inc. and send the check and completed form to 1600 Sky Park Drive, Suite 101, Medford, Oregon 97504

If you would like to make a donation by Credit Card, or some other method, please see our website at pathway-inc.org or call us at 541-973-2728 for additional information.

THANK YOU!