

DONATE TO TIP

Yes, I would like to donate to the Trauma Intervention Programs, Inc
so TIP can continue helping survivors of tragic events.

Name of Donor: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Email: _____

I wish to receive future correspondence

I prefer to make my donations anonymously

Phone: _____ Fax: _____

Amount of Donation: \$ _____

General Donation to TIP

Gift in Memory of: _____

Send Acknowledgment To: _____
(Please use additional sheet, if needed)

Gift in Honor Of: _____
(Name and Address)

I would like information about remembering TIP in my will and making a bequest that provides income for life.

Enclosed is my check

Charge my: Visa MasterCard Discover

Expiration Date: _____ Card Number: _____

Signature: _____

TIP is a nonprofit, 501(c)(3) organization and donations are Tax Deductible

Make Checks or Money Orders payable to: **TIP**

Send to:

TRAUMA INTERVENTION PROGRAMS, INC.

Attention: Debbie Simpson

6 Marble Creek Lane

Coto De Caza, CA 92679

www.TIPOrangeCounty.org