



Renewal, Inc. Donation Form

Yes, I want to help Renewal, Inc. make a difference in the lives of former offenders who are trying to become productive citizens and build a successful future.

Donor Information

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Gift Information

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ Other \$ _____
☐ \$100 ☐ \$50 ☐ \$25

I have enclosed my check payable to Renewal, Inc.

Please charge my:

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

CARD NUMBER

EXP. DATE

SECURITY CODE

SIGNATURE

Tribute Gifts

IN MEMORY OF

IN HONOR OF

Please notify the individual(s) below of this gift (without amount)

NAME

ADDRESS

CITY

STATE

ZIP

Mailing Address

RENEWAL, INC.

700 FIFTH AVENUE, 6TH FLOOR
PITTSBURGH, PA 15219

Double Your Gift!

If you or your spouse is employed by a company with a Matching Gift Program, your contribution to Renewal, Inc. could mean twice as much or more! See your personnel office to obtain the necessary form.

- ☐ I wish to be Anonymous.
- ☐ Please send me information about including Renewal, Inc. in my Will.