

## 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 sucessful future.

Donor Information	
	Mailing Address
NAME	RENEWAL, INC.
ADDRESS	700 FIFTH AVENUE, 6TH FLOOR
CITY STATE ZIP	PITTSBURGH, PA 15219
PHONE	
EMAIL	
Gift Information	
●\$1,000 ●\$500 ●\$250 ●\$100 ●\$50 ●\$25	Double Your Gift! If you or your spouse is employed
I have enclosed my check payable to Renewal, Inc.	by a company with a Matching Gift Program, your contribution to
Please charge my:	Renewal, Inc. could mean twice as
○VISA ○MasterCard ○Discover ○American Express	much or more! See your personnel
	office to obtain the necessary form.
CARD NUMBER	
EXP. DATE SECURITY CODE	
SIGNATURE	O I wish to be Anonymous.
Tribute Gifts	
	O Please send me information
IN MEMORY OF	about including Renewal, Inc.
IN HONOR OF	in my Will.
Please notify the individual(s) below of this gift (without amount)	
NAME	
ADDRESS	
CITY STATE ZIP	

The official registration and financial information of Renewal, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.