



Stop It Now! Donation Form

*I want to support the ongoing work of Stop It Now!.
Enclosed is my tax-deductible gift.*

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____

Email _____

Please contact me about a gift of stock. My company sponsors a matching gift program. I will send a form.

Credit Card: VISA MasterCard American Express

Credit Card # _____ Exp. Date _____

Signature _____

Please list me as anonymous in any donor listings.

I am interested in setting up a recurring monthly donation. Please contact me with details on how to become a Patron of Prevention.

I would like my gift to be:

in honor of _____

in memory of _____

Please send acknowledgement to: _____

I would like to receive Stop It Now! E-News. *(Please include email above.)*

Gift Amount	
_____ \$30	_____ \$500
_____ \$50	_____ \$1,000
_____ \$100	_____ \$2,500
_____ \$250	_____ Other



Please mail this form and your check to: Stop It Now!, 351 Pleasant Street, Suite B-319, Northampton, MA 01060

Make your check payable to: Stop It Now!

Thank you for your generosity and support!