



Widowed Persons Service

www.wpsgr.org • (616) 538-0101 • Fax 616-538-5889

Yes, I/We will support Widowed Persons Service.

Name _____

Please list my name as above. Keep my gift anonymous.

Address _____

City _____

State _____ Zip _____

Email _____

Home Phone _____

Work Phone _____

Please make checks payable to: Widowed Persons Service.

Your gift is tax deductible to the extent of the law.

Enclosed is my gift of \$25 \$50 \$100 \$250 Other _____

I/We pledge a total gift of \$ _____ starting _____ (month/year).

Please charge my Visa Number _____ Exp. Date _____

Mastercard: Name _____ Signature _____

Please send me information about ways to volunteer for Widowed Persons Service.

My employer, _____, has a matching gifts program.

In Memory of: _____ In Honor of: _____

Please send card to: Name _____

Address _____

City _____ State _____ Zip _____