

Gift/Pledge Form

To assist PreventionFIRST! to continue to be the driving force behind effective drug prevention in our region, and in consideration of the gifts of others for the same purpose, I/we hereby subscribe and agree to contribute to PreventionFIRST! the amount indicated below in accordance with the schedule noted.

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☐ I/We would	d like t	o cont	ribute	to Pre	ventio	nFIRST	! the s	um of	\$				
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Address:													
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Phone:											-	1	
Email:								_DOB.	(month)	/	(day)	(Year Op	tional)
Please print you	ır nam	e as yo	u wish t	o be r	ecogni	ized in	all PF! ¡	 orintec	d mater	ials or	indico	ate anor	iymous.
Outright Gift													
☐ Check ma	ide po	ayable	to Pre	ventio	nFIRST	!							
Credit card	A (VISA	, Maste	erCard,	Discov	ver, or ,	Americ	an Exp	ress)					
☐ Total Pledge of \$ to be paid in payments of \$													
Please charge my payments directly to my credit card indicated below starting													
on a (Circle one) : Monthly Bi-Monthly Quarterly Bi-Annually													
Month/D	Month/Day/Year (00/00/00)												
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		(VISA, N	√astei	rCard,	Disco'	ver, or	Amei	rican E	xpres	ss)		
Card number	er									_			
Exp. Date _			CVV#_		Billi	ing Zip	Code			_			
Signature	Signature Date												

Gift of Securities I/We wish to donate stock or securities My broker/advisor is: Name and type of securities to be Number of shares: Date you intend to make the gift:	gifted:	
Signature		Date
Tribute Gift I/We would like to dedicate this gift in Name of Honoree (please print): Person to be notified of Tribute Gift Name (please print): Address: City:	t	
Matching Gift My company will match this gift. Company name: Matching Gift Contact Name: Phone Number:		

Please Mail to:

PreventionFIRST! 2330 Victory Pkwy, Suite 703 Cincinnati, OH 45206

Or Email acowart@prevention-first.org

All contributions are tax deductible to the full extent provided by law. To speak with Angela Cowart, our Development Coordinator, please call 513.751.8000 x20.