



Donation Form

I would like to make a donation in the amount of \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

PAYMENT METHOD

Check enclosed (payable to Wynona's House) in the amount of \$ _____

Please charge \$ _____ to my: Visa Amex MasterCard Credit Card

Card Number: _____

Security Code: _____ Expiration: _____ / _____

Name on Card: _____

Signature: _____ Today's Date _____

Thank you for your tax deductible contribution.

A receipt will be mailed to you shortly.

Please return this form to:

Attention: Donations

Wynona's House | 185 Washington Street | Newark | NJ | 07102

Fax to: 973-645-1026 | Email to: receptionist@wynonashouse.org

For Questions: 973-753-1110 or receptionist@wynonashouse.org