POISE Foundation
Donor Contribution Form

Please mail completed form along with your payment to the POISE Office address, below. Credit Card Donations can be faxed..

Name

Address

City State Zip Code

Email Phone Number

Contribution Amount:

Indicate Contribution Type

☐ Credit Card (Enter Card Info Below) ☐ Check ☐ Money Order

Direct my Donation to a specific Fund:

The POISE General Operating Fund:
☐ *Used to support the Foundation's general operating and administrative expenses*

The POISE Endowment Fund:
☐ *Used for long-term support of any purpose that is consistent with the mission and objectives of the Foundation*

☐ A Specific Fund managed by POISE:

Name of Fund:

Direct my Donation to a Fund that supports my selected Area of Interest:

☐ Arts & Culture ☐ Children and Youth ☐ Education

☐ Health & Human Services ☐ Urban Affairs & Economic Development

Credit Card Information:

Select Credit Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number:

3 or 4 Digit Security Code Expiration Date MM YY

Name as Appears on Card

Billing Address

City State Zip Code

This donation is in honor or memory of:

POISE Foundation Two Gateway Center, Suite 1700 603 Stanwix Street Pittsburgh, PA 15222
412-281-4967 412-562-0292 (fax) www.poisefoundation.org

A Community Is Only As Strong As Its Foundation