



# Donation Form

## Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Daytime Telephone	
Fax	
E-Mail	

## Gift Information

Amount of Gift of \$ \_\_\_\_\_ :

I (we) plan to make this contribution in the form of:

Cash  Check  Credit card (MC/VISA/American Express)  Other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

Form enclosed  Form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

### Opportunity Project Inc.

60 East Willow St.  
 Millburn, NJ 07041  
 Fax: 973-921-2007  
 Phone: 973-921-1000

Gifts to Opportunity Project are tax deductible to the extent allowed by law.

Tax ID# 22-3242203

**(Please print this form, complete the information and mail or fax it to the address/phone number listed above)**