



Select Gift Amount

\$100 \$180 \$500 \$1,000 I prefer to give: \$ _____

Your Information

FULL NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

Please choose BY CHECK or BY CREDIT CARD:

My check is enclosed.

Please make payable to:

Healing Across The Divides, 72 Laurel Park, Northampton, MA 01060

OR

Charge my: Visa MC Amex Disc

CARD # _____

EXP. ____ / ____

Signature _____