



Providing Children
with Help and Hope

Please accept my/our donation in the amount of:

\$25_____ \$50_____ \$100_____ \$500_____ \$1,000_____ Other \$_____

Name(s): _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Email: _____

Please make checks payable to **The Second Mile** and include this form with payment.
Mail to:

The Second Mile
1402 South Atherton Street
State College, PA 16801
(814) 237-1719
(814) 237-4605 fax

Donations may also be charged to your Visa, MasterCard or AMEX.

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____

Signature: _____

Is this an Honorarium or Memorial gift? ___Yes ___No

If yes, please check one or both: ___**Honorarium** ___**Memorial**

For **Honorariums**, please provide the address of the Honoree. If a **Memorial** contribution, please include the name of an immediate family member so we can inform them of your remembrance.

Name: _____

Address: _____

City/State/Zip: _____

A copy of the official registration and official information of The Second Mile may be obtained from the Pennsylvania Department of State by calling toll free, 1-800-732-0999
Registration does not imply endorsement.