

## **Gift Donation Form**

Enclosed is my gift of \$	t	o Cross Roads H	louse.	
I pledge an additional \$	1	to be paid by Jun	ne 30 <sup>th</sup> .	
Payment Method				
☐ A check payable to: Cro	ss Roads	House		
☐ Credit card (cirle one):	Visa	MasterCard	American Express	Discover
Card #			Expiration Date:	
Signature:			Date:	
☐ A gift of appreciated stored 603-436-2218 or Martha  My gift will be matched by:	@crossro	oadshouse.org fo	or transfer instructions.	
Name:				
Company:(if business donation)				
Address:				
City:	Sta	te:	Zip Code:	
Phone:	_ E-mai	il:		
☐ I want my gift to be anonymous.				
☐ This gift is made in honor/memor	ry of (cir	cle one):		
Notes:				

Your gift is tax deductible as provided by the IRS regulations. Tax ID # 22-2549963.

Thank you for your commitment to Cross Roads House! www.crossroadshouse.org

Please send completed form to: Cross Roads House, 600 Lafayette Rd., Portsmouth, NH 03801