

# Rhode Island Pharmacy Foundation Donations

Enclosed is my donation to support:

Amount: \$\_\_\_\_\_ Activities of the Foundation (Unrestricted)

\$\_\_\_\_\_ Arnold M. Sidel Memorial Scholarship Fund

\$\_\_\_\_\_ Steven Spaziano Memorial Scholarship Fund

Total: \$\_\_\_\_\_ All Donations

Make all checks payable to: Rhode Island Pharmacy Foundation; all donations will be acknowledged in writing

If your donation in memory of a deceased individual and you wish to have an acknowledgement sent to family or friends, provide details below

Name\_\_\_\_\_

Email\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Method of Payment: Check\_\_\_ VISA\_\_\_ MasterCard\_\_\_

Credit Card#\_\_\_\_\_ Exp Date\_\_\_\_\_

Signature\_\_\_\_\_

## Acknowledgement details:

My donation to \_\_\_\_\_ is in memory of:

\_\_\_\_\_

Please send an acknowledgement to:

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_