



Giving Form

Name

Company

Address

State

Zip Code

Phone

Email

Method of Payment

Cash

Check (made payable to PROACT)

Credit card

Account number

Security code

Expiration date

Signature

Date

Please accept my gift of \$ _____

One-time gift

Monthly contribution

Levels of Giving

Circle of Friends \$1-\$499

Circle of Trust \$500-\$999

Circle of Faith \$1,000-\$2,499

Circle of Hope \$2,500-\$4,999

Circle of Love \$5,000-\$9,999

Circle of Healing \$10,000+

Thank you for supporting PROACT.