

I want to support programs at **TechACCESS of RI**

Giving to TechACCESS

Gift Amount:

\$10 \$20 \$30 \$50 Other _____

Name _____

Address _____

City _____ State: _____ Zip: _____

Phone _____ Email: _____

Make my donation:

- On behalf of _____
- In memory of _____
- Please keep my donation anonymous

Credit Card (Master Card or Visa)

If paying by credit card, you must include credit card billing address

Card Number _____

Card Holder _____

Exp Date _____ / _____ Security Code _____

Thank you for your generous support.

**Please make checks payable to:
TechACCESS of RI**

Mail donations to:

TechACCESS of RI

110 Jefferson Blvd. Suite I

Warwick, RI 02888-3854

Phone (401) 463-0202

Fax (401) 463-3433

Email techaccess@techaccess-ri.org

www.techaccess-ri.org

Donations are tax deductible to the full extent allowable by law.
If you need assistance filling out this form, please call 401-463-0202.