



Yes! I Want to do my Piece for Peace.

Please mail to: **Center for Victims of Violence and Crime**
5916 Penn Avenue
Pittsburgh, PA 15206

* Indicates Required Information.

Your Information:

Name:* _____

Address:* _____

City:* _____ State:* _____ Zip:* _____

Country: _____ Phone (H):* _____

Fax: _____ Phone (W): _____

Email: _____

Donation Information:

- \$1000**
- \$500**
- \$250**
- \$100**
- \$50**
- \$_____**

- I would like my gift to be anonymous, please do not list my name in agency publications.
- My gift is in memory of, celebration of or in honor of a friend or family member. **Please fill out the special gift information below.**
- My employer offers a matching gift program. **The matching form is included.**
- Yes, I would like to receive CVVC publications and notices of programs, events and trainings.

Payment Information:

Check enclosed (payable to Center for Victims of Violence and Crime)

Visa Mastercard Discover American Express

Card #: _____

Expiration date: _____

Name on Card: _____

Card Verification Number (CVN): _____ (3-4 digit # located on the back of your card).

Special Gift Information:

This gift is in memory of: _____

This gift is in celebration of: _____

This gift is in honor of: _____

Please send acknowledgement:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone : _____

Email: _____

Please use the space below to share any thoughts, comments or a personal story with us. We want to hear from you.

Thank you for your support!