



Annual Fund Contribution Form

> **Yes! I want to support the Woodlawn CDC & Woodlawn Community Center.**

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

This contribution is eligible for a corporate matching gift from:

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Gift Amount: \$ _____

*Please make checks payable to: Woodlawn CDC
Mail checks to: 210 West Avenue, Pawtucket, RI 02860*

Method of Payment

Cash Check Money Order

VISA -----> Card # _____ Exp. Date (MM/YY) _____

MasterCard -----> Card # _____ Exp. Date (MM/YY) _____

Discover -----> Card # _____ Exp. Date (MM/YY) _____

American Express -----> Card # _____ Exp. Date (MM/YY) _____

Card Holder's Name: _____ Card Holder's Signature: _____