THE tiny miracles™ FOUNDATION

www.ttmf.org

Donation Form

Please complete this form and mail to: **The Tiny Miracles Foundation, Inc.**
25-13 Old King's Highway North, #189
Darien, CT 06820-4608

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone Number (_____) _____ ❑ Home ❑ Work ❑ Cell

E-mail Address _____

How did you hear about The Tiny Miracles Foundation? _____

_____

_____

❑ Check here if you would like to be added to our mailing list.
(Your information is kept private and we DO NOT sell our list to anyone!)

❑ Check enclosed for a gift in the amount of $ _____
Please make your check payable to "TTMF" or "The Tiny Miracles Foundation"

❑ Please charge a gift in the amount of $ _____ to my ❑ Visa ❑ MasterCard

Credit Card Number: Expiration Date (MM/YY):

		/	

Print your name as it appears on card: _____

Authorization Signature: _____

❑ My gift is in honor of _____

❑ My gift is in memory of _____

❑ My gift is to support the _____ Program

❑ My gift is eligible for a matching gift from my and/or my spouse's employer.

Thank you for your donation!

© 2010 The Tiny Miracles Foundation. All rights reserved.
The Tiny Miracles Foundation is a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3).
Our mission is to help families of infants born prematurely in Fairfield County, Connecticut.