

Donation Form				
I would like to make	-	uctible gift of:	□ \$250	□ Other \$
□ This is a one-time gift		This is a multi-year pledge		
\Box This gift is in ho	nor/memory (cir	cle one) of:		
Send notification of	f honorary or mei	morial gift to:		
Name: Address: City/State/Zip: Email: Phone:				
☐ I/we wish to ren				
	P	ayment Info	ormation	
Credit Card #: Exp. Date: CVV:	able to the Rhode Isla		ressive Education	
Signature:				
Date:				
Donor Information				
Name:				
Street Address:				
City, State, Zip:				
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Please mail your donation to Rhode Island School for Progressive Education, 225 Dyer Street, 2nd Floor, Providence, 02903. For any questions, please contact Nancy Cao Levesque, Director of Development, at nlevesque@rhodeislandspe.com or 401-213-9578.