



Donation / Registration Form

Spirit Hollow

You will receive a return receipt and acknowledgement for tax deduction from Spirit Hollow. Thank you for your generosity.

Donation Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

I (we) pledge a total of \$_____ to be paid: ____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of: ____ cash ____ check.

Registration Information

Class or Training	
Amount \$	
Date of Class (if known)	

Acknowledgement Information

Would you like to be on our mailing list: ____ Yes ____ Not at this time.

Do you wish to have your gift remain anonymous: ____ Yes ____ No

Signature(s)
Date

Please make checks or other gifts payable to:

Spirit Hollow
2509 Shaftsbury Hollow Rd
North Bennington, VT 05257
802-447-3895
spiritho@together.net