

# DONATE TO TIP

Yes, I would like to donate to the Trauma Intervention Programs, Inc  
so TIP can continue helping survivors of tragic events.

Name of Donor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Adopt a TIP Volunteer Campaign Donation: \$ \_\_\_\_\_

General Donation to TIP \$ \_\_\_\_\_

Gift In Memory of: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Send Acknowledgment To: \_\_\_\_\_  
(Please use additional sheet, if needed)  
\_\_\_\_\_  
\_\_\_\_\_

Gift in Honor Of: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Name and Address of Honoree)  
\_\_\_\_\_  
\_\_\_\_\_

I would like information about remembering TIP in my will and making a bequest that provides income for life.

Enclosed is my check

Charge my:  Visa  MasterCard  Discover  American Express

Expiration Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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**TIP is a nonprofit, 501(c)(3) organization and donations are Tax Deductible**

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Make Checks or Money Orders payable to: **TIP**

Send to:

**TRAUMA INTERVENTION PROGRAMS, INC.**

Attention: Wayne Fortin

1420 Phillips Street

Vista, CA 92083

**[www.TIPNational.org](http://www.TIPNational.org)**