

Small Steps Big Dreams Dance

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

Donor Information (First and Last Name): _____

Organization Name (If Applicable): _____

Address _____

Email (optional) _____

Phone Number (optional) _____

Gift Amount _____

☐ I am enclosing a check made payable to SSBDGUARD

☐ Please charge my credit/debit card

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____ (3-Digit number on the back of the card)

If we are not raising funds for a specific cost you have indicated and or donations exceed expenses for that cause, your gift will be applied where it is needed most.

Your questions are very important to us. Please feel free to contact us at ssbddance@gmail.com or 484-597-9667. Thank you for your support.

Please mail this completed form to _____