



PAGL FOUNDATION DONATION FORM

To make a donation to the PAGL Foundation by mail, please print out this form, fill it out, and mail it to the address below with your payment.

I would like to donate _____ to the PAGL Foundation.

Date: _____

Name: _____

Address: _____

State: _____ Zip Code: _____

Please send this completed form with your payment to:

PAGL Foundation
14 Hidden Brook Road
Riverside, CT, 06878

If you have any questions, feel free to send us a message on our website!