



DONATION FORM

Please provide contact information, gift amount and credit card information below. You can fax this donation form, attention Bob Houck to 212.865.7254 or mail it to:

Friends of the Children NY
218 West 113th Street
New York, NY 10026

CONTACT INFORMATION

Please provide an email address to receive an online acknowledgement of your gift

Email Address _____

- I would like to receive *Friends NY* updates via email
- Please do not contact me via email

Name _____

(Please print exactly as it should be listed in donor recognition)

- Check here if you do not want your name to appear in our published donor list

Job Title _____

Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

GIFT INFORMATION

Please make all checks payable to: **Friends of the Children New York**

My contribution in the amount of \$_____ is enclosed, or should be processed as follows:

Please check one ___ VISA ___ AMEX ___ MasterCard ___ Discover

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Name as it appears on Card _____

Card # _____

Expiration Date _____

Signature _____ Today's Date _____