

# DONATION FORM



\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Charge my credit card

Donation amount \$ \_\_\_\_\_

*Please make check payable to Sanctuary for Families.*

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

## **Tribute Information (if applicable)**

This donation is made: \_\_\_\_\_ In honor of someone \_\_\_\_\_ In memory of someone

Name of honoree: \_\_\_\_\_

Name of person to be notified of this gift: \_\_\_\_\_

Email of person to be notified: \_\_\_\_\_

Address of person to be notified: \_\_\_\_\_

\_\_\_\_\_

Personal note to person notified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Please mail this donation to:**

Sanctuary for Families  
PO Box 1406  
Wall Street Station  
New York, NY 10268

**Questions?** Contact our Development staff at 212.349.6009 x241.