



Contribution Authorization

CONTACT INFORMATION:

Name _____

Address _____

City, State, Zip _____

Preferred Phone _____

Email _____

Preferred Contact Method _____

This is a Business Organizational Individual donation.

Name of business or organization: _____

Will your business/organization match this gift? Y/N

CONTRIBUTION DESIGNATION

Where Need is Greatest Senior Chore Program Youth Programs Mental Health Programs

In Memory Of _____ In Honor Of _____

ONE-TIME GIFT AUTHORIZATION:

I would like to make a one-time gift to support NYFS programs in the following amount:

\$100 \$250 \$500 \$1,000 Other \$ _____

My check, made payable to NYFS, is enclosed.

Please charge my: Visa MC Discover AmEx

Card # (Print Clearly) _____ Exp. _____ Security Code _____

Signature _____

MONTHLY GIFT AUTHORIZATION:

I would like to support NYFS programs with monthly contributions of: \$ _____

Please bill my credit card: 1st of month 15th of month

Visa MC Discover AmEx

Card # (Print Clearly) _____ Exp. _____ Security Code _____

Signature _____

Please withdraw my donation from my bank account: 1st of month 15th of month

For a checking account, please enclose a voided check. For a savings account, enclose a voided deposit slip. Monthly authorizations will remain in effect until your pledge is satisfied or you notify NYFS in writing to cancel.

I would like more information:

Please contact me about donating stock. Please contact me about including NYFS in my will.