



# The Center for Family Support Foundation Donation Form

Thank you for supporting the Center for Family Support Foundation.  
Your gift will provide individualized support to those who participate in CFS programs.

## DONOR INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DONATION AMOUNT – Please selected your tax-deductible donation below:

\$1,000       \$500       \$100  
 \$50       \$25       Other \_\_\_\_\_

.....  
This donation is made in **memory / in honor of:** \_\_\_\_\_

Please send notification of this gift to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PAYMENT INFORMATION:

My check made out to *The Center for Family Support Foundation* is enclosed;

or Credit Card Information:

American Express       Visa       Mastercard       Discover

Credit Card Number: \_\_\_\_\_

Expiration Month / Year: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE MAIL TO:** The Center for Family Support Foundation  
333 7th Ave, 3rd Floor  
New York, NY 10001

**QUESTIONS?** 212-629-7939 ext 279  
ttraver@cfsny.org