



STOP THE VIOLENCE
LONGISLAND.ORG

Donation Form

1) DONOR INFORMATION:

DONOR/COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

DONATION AMOUNT:

\$25 \$50 \$100 \$250 \$500 \$1,000 \$1,500 \$2,500 \$5,000 \$10,000 Other: _____

2) PAYMENT INFORMATION:

DATE: _____ CASH CHECK #: _____ INVOICE ME

THIS IS A RECURRING DONATION: MONTHLY BI-MONTHLY QUARTERLY YEARLY

CREDIT CARD (AMEX/VISA/MC/DISCOVERY) #: _____ EXP. DATE: ____/____

CVV: _____ BILLING: ADDRESS (IF DIFFERENT): _____

MY EMPLOYER WILL MATCH MY GIFT (EMPLOYER'S NAME): _____

3) TRIBUTE TYPE:

IN HONOR OF IN MEMORY OF _____

SEND ACKNOWLEDGEMENT TO:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Signature: _____

Date: _____

Stop the Violence is a charitable organization and all gifts are tax-deductible to the fullest extent of the law. No goods or services have been received for this donation. EIN # 85-0552243. If you are concerned that the new tax law will affect your charitable donations, we suggest you discuss with your accountant. Thank you for your commitment to our community