



Donation by Mail

Print, fill out this form and mail it to:

SKIP of New York
318 West 39th Street, 5th Floor
New York, NY 10018-1655

DONOR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

e-mail: _____

Cell Phone: _____ Home Phone: _____

☐ My company has a matching gift program, and I will submit the form.

PAYMENT INFORMATION

Amount: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

By Check, please, make payment to: **SKIP of New York**

By Credit Card, number: _____ CVV code: _____

Expiration Date: _____ / _____ Billing zip code: _____

☐ Make this a monthly gift, my credit card will be charged automatically each month by the amount selected.

Signature: _____ Date: _____

IN HONOR AND IN MEMORY DONATIONS

Please complete the information below, if your donation is *In Honor* or *In Memory* of a friend or relative.

☐ *In Honor* of: _____ ☐ *In Memory* of: _____

First name(s) and last name(s) of person(s)
who should be notified of your donation: _____

Address: _____

City: _____ State: _____ Zip code: _____

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