

**North Shore Child & Family Guidance Center Donor Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Frequency: \_\_\_ one time \_\_\_ monthly

Gift Amount: \_\_\_ \$5,000 \_\_\_ \$2,500 \_\_\_ \$1,000 \_\_\_ \$500 \_\_\_ \$250  
\_\_\_ \$ 100 \_\_\_ \$ 50 \_\_\_ \$ 25 \_\_\_ Other \$ \_\_\_\_\_

Is your employer a matching gift corporation? \_\_\_ yes \_\_\_ no

Employer name: \_\_\_\_\_

If applicable:

\_\_\_ In memory of \_\_\_\_\_

\_\_\_ In honor of \_\_\_\_\_

\_\_\_ On the occasion of \_\_\_\_\_

Please send acknowledgement to:

name: \_\_\_\_\_

address: \_\_\_\_\_

address: \_\_\_\_\_

phone: \_\_\_\_\_ email: \_\_\_\_\_

Method of payment: \_\_\_ Check made payable to NSC&FGC

Credit card: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex

Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_

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

Please mail to: NSC&FGC, Development Dept, 480 Old Westbury Road, Roslyn Heights, NY 11577