



North Shore Child & Family Guidance Center Donor Form

Name: _____

Address: _____

Address: _____

Phone: _____ Email: _____

Frequency: ___ Monthly ___ Annually ___ One-time

Gift Amount: ___ \$5,000 ___ \$2,500 ___ \$1,000 ___ \$500 ___ \$250

 ___ \$100 ___ \$50 ___ \$25 ___ Other \$ _____

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/Debit Card: ___ Visa ___ Mastercard ___ Amex

Name: _____

Card #: _____

Exp.: _____

Authorized Signature: _____

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