



Northwell HealthSM

WE CARE FOR PEOPLE

Donation Form

We invite you to make a difference in our community.

Thank you for choosing to make a donation by mail or fax to The Long Island Home. We accept donations in any amount using check, Visa, MasterCard or Discover. Donations are tax-deductible and a receipt will be mailed to you.

Name _____ Address _____
City _____ State _____ Zip _____
Telephone _____ Email Address _____

Donation amount:

\$500.00 \$250.00 \$150.00 \$100.00 \$50.00 Other \$ _____

Please select from an option below in choosing to designate your gift.

You may designate The Long Island Home, South Oaks Hospital or C.A.R.E. or you have the option to further designate to a specific program or service if you choose.

- | | |
|---|--|
| <input type="checkbox"/> The Long Island Home: <ul style="list-style-type: none"><input type="checkbox"/> Unrestricted (Vital/Current Need)<input type="checkbox"/> Naming Opportunities | <input type="checkbox"/> South Oaks Hospital: <ul style="list-style-type: none"><input type="checkbox"/> Child and Adolescent Programs<input type="checkbox"/> Adult Programs<input type="checkbox"/> Senior Adult Programs<input type="checkbox"/> Addiction Recovery Programs |
| | <input type="checkbox"/> C.A.R.E.: <ul style="list-style-type: none"><input type="checkbox"/> Project Care |
| | <input type="checkbox"/> Other (please specify below):
_____ |

I would like my gift to be anonymous.

My company offers a Matching Gift Program and I have enclosed a copy.

Company Name: _____

continued on back

I would like to give a gift...

In Memory of

In Honor of

Full Name: _____

Send a Notification/Acknowledgement of my gift to (if more than one, please send a separate sheet):

Recipient Name _____ Address _____

City _____ State _____ Zip _____

Email Address _____

- Please add me to the Long Island Home MAILING list to receive information about events, new opportunities and news.
- Please add me to the Long Island Home EMAILING list to receive information about events, new opportunities and news.
- Please contact me about pledging or naming opportunities.
- Please contact me about planning a gift.

You may donate your gift by check or credit card.

- For checks, please make your check payable to The Long Island Home and mail with this completed form.
- For credit cards, we accept Visa, MasterCard and Discover. Please complete the credit card section below.

Credit Card Information:

Please select: Visa MasterCard Discover

Name as it appears on credit card: _____

Billing Address Zip Code for credit card: _____ Card Number: _____

Expiration Date: _____ Total Amount to be Charged: _____

Signature: _____

Donations are tax-deductible and a receipt will be mailed to you as soon as your gift has been processed. Thank you for your generosity.

Mail completed form to:

The Long Island Home
Carone Hall
Attention: Maureen Pecorella
400 Sunrise Highway
Amityville, New York 11701

or

Fax completed form to:

631-264-5259
Attention: Maureen Pecorella