



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 Foundation. We accept donations in any amount using check, Visa, MasterCard or Discover. Donations are tax-deductible and a receipt will be mailed to you.

If you prefer to make an online donation, please go to www.longislandhome.org/donations.php

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, Broadlawn Manor or C.A.R.E. or you have the option to further designate to a specific program or service if you choose.

- The Long Island Home:
 - Unrestricted (Vital/Current Need)
 - Annual Report Campaign
 - Corporate Opportunities, Events
 - Naming Opportunities
 - Newsletter Campaign

- South Oaks Hospital:
 - Child and Adolescent Programs
 - Adult Programs
 - Senior Adult Programs
 - Addiction Recovery Programs

- Broadlawn Manor Nursing & Rehabilitation Center:
 - Alzheimer's Services
 - Nursing Services
 - Physical Rehabilitation Services

- C.A.R.E.:
 - Project Care
 - John E. McGorry Memorial Fund

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: _____

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 Foundation 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: _____

3-Digit Verification Code as it appears on back of credit card: _____

The Verification Code is a 3-digit number on the back of your credit card. This code has been created for your fraud protection.

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 Foundation
Carone Hall
Attention: Mary Jeanne Corea
400 Sunrise Highway
Amityville, New York 11701

OR

Fax completed form to:

631-264-5259
Attention: Mary Jeanne Corea