



### Mail-In Donation Form

This form can be mailed or faxed to our Purdys or Long Island office locations

Friends of Karen  
Friends of Karen

P. O. Box 190 Purdys, NY 10578  
21 Perry Street Port Jefferson, NY 11777

Fax: 914-277-4967  
Fax: 631-473-1790

Date: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Recurring gift frequency  One time donation  Quarterly donation\*  Monthly donation\*

(\*If you choose to make a monthly or quarterly donation using a credit card, Friends of Karen will automatically process your donation to the credit card account shown below.)

Enclosed is my check payable to Friends of Karen, Inc.

Charge to my credit card (see below)

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Check one  Visa  MasterCard

American Express

Cardholder's Name: \_\_\_\_\_

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

City

State

Zip Code

This donation is from: Mr. Mrs. Mr. and Mrs. Ms. \_\_\_\_\_

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

City

State

Zip Code

Phone Number: \_\_\_\_\_ Check one  Home  Business  Cell

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

This gift is made  In honor of \_\_\_\_\_

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

Please send an acknowledgement of my tribute gift to:

Mr. Mrs. Mr. and Mrs. Ms. \_\_\_\_\_

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

City

State

Zip Code

Provide message for acknowledgement letter (please limit to 1 line):

\_\_\_\_\_

Contact me to discuss including Friends of Karen in my will