



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