



## Mail-In Donation Form

This form can be mailed or faxed to our office.

**Friends of Karen, 118 Titicus Road, North Salem, NY 10560**

**Phone: (914) 617-4053**

**FriendsofKaren.org**

**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     Discover     American Express

**Name on the card** \_\_\_\_\_

**Your signature** \_\_\_\_\_

**Card billing 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  Mobile

**Email Address** \_\_\_\_\_

We protect your privacy and never share your contact data with any third party.

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

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

You may provide a message for the acknowledgement letter (please limit to 1 line):

**Please send an acknowledgement of my tribute gift to:**

**Mr. /Mrs./ Mr. and Mrs./Ms.**

**Mailing Address** \_\_\_\_\_

City

State

Zip Code