



**DONATION FORM**

Thank you for supporting the Loyola Recovery Foundation. Please print, complete and mail this payment form to donate to this important cause.

Loyola Recovery Foundation  
1159 Pittsford-Victor Road  
Pittsford, NY 14534

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Donation Amount:**

- \$25.00
- \$75.00
- \$150.00
- \$500.00
- \$1,000.00
- Other Amount: \_\_\_\_\_

I would like to donate anonymously:  Yes

This is a joint gift from myself and \_\_\_\_\_

Is this gift in honor or memorial of someone?  Yes

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

- Does your employer match your gifts?  Yes, I will contact my HR representative.
- No
  - Not Sure

If "Yes", or "Not Sure", please let us know the name and address of your employer:

\_\_\_\_\_

Please contact me regarding a gift through my will, trust, or life insurance policy:  Yes

How did you hear about us? \_\_\_\_\_

I would like to be placed on your mailing list:  Yes

Other comments or instructions:

\_\_\_\_\_

**Cardholder Information:**

Please charge my:  Visa  MasterCard  AMEX  Discover

Name of Cardholder: \_\_\_\_\_

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

Expiration Date: Month / Year \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

All contributions are tax deductible by law. A copy of the official registration and financial information may be obtained from the NYS Department of Charities by calling 212.416.8400 or Loyola Recovery Foundation at 877. 519.7705