



## Donation by Mail

Print, fill out this form and mail it to:

**SKIP of New York**

**601 West 26<sup>th</sup> Street, Suite 522  
New York NY 10001**

### DONOR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

e-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

My company has a matching gift program, and I will submit the form.

### PAYMENT INFORMATION

Amount:  \$25  \$50  \$100  \$250  \$500  \$1,000  Other: \_\_\_\_\_

By Check, please, make payment to: **SKIP of New York**

By Credit Card, number: \_\_\_\_\_ CVV code: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Billing zip code: \_\_\_\_\_

Make this a monthly gift, my credit card will be charged automatically each month by the amount selected.

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

### IN HONOR AND IN MEMORY DONATIONS

Please complete the information below, if your donation is *In Honor* or *In Memory* of a friend or relative.

*In Honor* of: \_\_\_\_\_  *In Memory* of: \_\_\_\_\_

First name(s) and last name(s) of person(s)  
who should be notified of your donation: \_\_\_\_\_

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

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

*SKIP of New York, Inc., is a 501(c)(3) nonprofit, Federal Tax I.D. # 13-3236869. Your contribution is tax deductible to the extent allowed by the law. As this information does not constitute tax advice, please consult a tax professional for assistance determining the tax deductibility of your contribution.*