

The Patrons Program Donation Form

I would like to make a donation of \$ _____.

Please direct my donation towards:

- Patrons Program Operating Expenses
- Specific School: _____
- Specific Program: _____
- Please contact me to discuss other options for my gift.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

- My company has a matching gift program. I have enclosed my completed matching gift form.
- I have enclosed my check made payable to ADNY/Patrons Program
- Please charge my: American Express MasterCard Visa

Card Number _____ Exp. Date _____

Signature _____

Please make your check payable to:
ADNY/Patrons Program

Please mail to:
Ms. Jill Kafka
Executive Director
Patrons Program
1011 First Avenue, 14th Floor
New York, NY 10022
or fax to 212-753-5980

All donations are fully tax-deductible to the extent allowed by the law.
Our Tax ID Number is: 13-3089351