

**DONATION FORM**

PREFIX: \_ NAME: \_ ADDRESS: CITY, STATE, ZIP CODE: \_ PHONE NUMBER: EMAIL:

 PLEASE KEEP THIS GIFT ANONYMOUS.

PAYMENT TYPE:

#  CHECK

Please make check payable to NAMI Syracuse, and mail to: NAMI Syracuse

917 Avery Ave Syracuse, NY 13204

#  CREDIT CARD

CARD TYPE: CARDHOLDER NAME: CREDIT CARD NUMBER: EXPIRATION DATE: SECURITY CODE:

BILLING ADDRESS (if different):

# Is this gift in memory or honor of someone:

 MEMORY

 HONOR

PERSON HONORED: YOUR RELATIONSHIP:

# Do you want someone notified of the gift?

 YES

 NO

If yes, please include their contact information. Without it, they will not be notified of the gift.

NAME: ADDRESS: CITY, STATE ZIP CODE: NOTE FOR THE NOTIFIED: