



Donation Form

410 Kenwood Avenue, Delmar, NY 12054
Phone (518) 439-5975 ~ Fax (518) 475-9141

110 Spring Street, Saratoga Springs, NY 12866
Phone (518) 587-3820 ~ Fax (518) 587-3943

As a not for profit organization, *7o Life!* relies on financial contributions from individuals and businesses to keep its free-of-charge programs and services thriving. Your generosity is greatly appreciated. Contributions will be gladly accepted by fax or regular mail, along with this completed form.

My gift is:

- A General Donation
- In Memory Of: _____
- In Honor Of: _____
- In Appreciation Of: _____

Donor Name (as you would like to be listed): _____

Contact Info: _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Phone (Day): _____ **(Evening)** _____

Email Address: _____

- My check is enclosed in the amount of \$ _____
- Please charge my credit card for the following amount:
 _____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 \$_____ Other
 _____ MasterCard _____ Visa _____ American Express

Name on Card: _____ CVV _____

Account #: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

We will gladly send an acknowledgement card to whomever you designate if you provide us their contact information. Please indicate their details here:

