

Enclosed is my check payable to Holy Name Foundation

Please charge my credit card: Visa MasterCard American Express Discover

Card #: _____ Exp. Date _____

Billing Address: _____

Name as it appears on the credit card: _____

Signature: _____

I will make a donation of: \$25 \$50 \$150 Other \$ _____

My contribution will be sent from my Donor Advised Fund at _____

My employer will match my gift - I have included a matching gift form.

Holy Name is in my will or estate plan. Contact me to include Holy Name in my will or estate plan.

Please contact me - I would like to give stocks or securities.

THIS GIFT IS FROM:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Please use my gift:

Where Needed Most Other: _____

In addition to the caregivers honored on the enclosed cards, I also wish to honor:

Honored Caregiver Name: _____

Note From Donor: _____



HolyName

718 Teaneck Road
Teaneck, New Jersey 07666

Tel: 201-833-3187

www.holyname.org



HolyName

Holy Name Foundation is a not-for-profit charitable organization and our tax identification number is: 22-2737143. Contributions are tax-deductible to the fullest extent of the law and donors receive acknowledgment of their contributions.

Please complete this form and return it with your donation to **Holy Name Foundation**.

Print the form and mail to: Holy Name Foundation, 718 Teaneck Rd., Teaneck, NJ 07666

Scan the form and email to: Foundation@holyname.org