

# Donation Form

**Thank you for considering a gift to Devereux Advanced Behavioral Health New York.**

Your generous support will help change the lives of children and adults with special needs.

To give via our secure website please visit us at [devereuxny.org/giving](http://devereuxny.org/giving).

- ☐ Yes, I would like to help Devereux make a difference.
- ☐ I/we have enclosed a check in the amount of \$ \_\_\_\_\_ made payable to **Devereux New York**.
- ☐ I/we would like to remain anonymous in all donor-related publications.
- ☐ I/we would like to make a recurring monthly donation of \$ \_\_\_\_\_ for \_\_\_\_\_ months.

## Billing Information

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please charge this amount to my credit card: \$ \_\_\_\_\_

Credit Card Information: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Account Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name (as it appears on card): \_\_\_\_\_

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

## Please Designate My Donation

- ☐ Where the need is most essential
- ☐ To a Devereux center Center Name: \_\_\_\_\_
- ☐ To a Specific Fund Fund Name: \_\_\_\_\_

## Tribute Information

- ☐ In honor of: \_\_\_\_\_
- ☐ In memory of: \_\_\_\_\_
- ☐ Please send notification of this gift to with the following note:

Name & Address: \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Joint Donor Information

Name: \_\_\_\_\_

## Matching Gift Information

Employer Name: \_\_\_\_\_

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

## Estate Planning Information

- ☐ I would like information on how to include Devereux in "My Will."
- ☐ Please send me information on how Devereux can provide me with a life income and reduce my taxes.

**For more information:** Contact McKenzie Bishop, Executive Assistant at (845)-758-1899 x378840.

**Mail to:** Devereux New York, 40 Devereux Way, Red Hook, NY 12571