

***Thank you for your generous contribution!***

**Please write your check to Support Connection, Inc. and send with this form to the following address:**

**Support Connection, Inc., 40 Triangle Center, Suite 100, Yorktown Heights, NY 10598**

**PLEASE CHECK ONE:**

- One-time donation  
 Monthly donation (*We will send you monthly giving envelopes for future contributions.*)

**AMOUNT (US Dollars):**

- \$500    \$100    \$50    \$25    Other: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment or Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Please check one:  Male  Female

**If you would like to make this donation as a tribute in honor or memory of someone, please complete the following:**

Please check one:    In Honor of    In Memory of

Name of the person to whom tribute is being paid:

\_\_\_\_\_

*Would you like us to send an acknowledgement of your tribute donation to someone?*

*Please provide their name and address below:*

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

Street Address: \_\_\_\_\_ Apartment or Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If you would like to include a personal message in your acknowledgement, please write below. (Limit of 20 words.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_