

Personal Information:

Please send in your donation with this form to:

Newsday Charities – Processing Center 25257 Network Place Chicago, IL 60673-1252

Prefix First	M.I	Last	Suffix
Spouse Information			
Prefix First	M.I	Last	Suffix
Is this donation on behalf of an or	ganization? ☐ Yes ☐ No	Org. Name	
Street Address			Apt./Unit
City		State Zip)
Phone () Email			
Donation Information:			
I would like to make a gift in the a	mount of: \$		
Enclosed is my check payable to <i>Newsday Charities</i>			
Please charge my:	1 Visa ☐ MasterCard	□ Discover	☐ American Express

 Card Number ______
 Exp. _____
 Signature ______

____ I would like to make this a recurring gift. Charge my credit card \$_____ on the first Monday of every month until further notice.

☐ Yes

□ No

Donation Acknowledgment

Have you included an employer matching gift form?

You can choose to make your gift a tribute to a person you know or admire.

Please make my gift:

In honor of
In memory of

If you would like this individual or his/her family to receive a letter from Newsday Charities recognizing your gift, please include the information below.

Your name and donation may be listed in future publications or online. To be included, check Yes below.

☐ Yes, publish my name as: _____

□ No, do not publish my information.

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