



Donation Form

By donating to St. Lawrence NYSARC, you truly make a difference to the more than 600 people we serve each day. Please join us in our mission to enable individuals with disabilities and their families an opportunity to achieve their goals.

Donor Information

This gift is from a Business/Foundation/organization OR This gift is from an Individual/Family

Name of Business/Foundation/Organization

Name MI Last

Contact Person: Name

Position/Title

Address

- Home
- Work

Street Address

City State Zip

Phone: Home Work Cell _____
E-mail _____

Donation

Donation amount: \$10 \$25 \$50 \$75 \$100 Other \$ _____

Form of payment: Check Cash

Make checks payable to:
The Foundation of St. Lawrence NYSARC

Credit Card Visa Mastercard (\$25 Minimum)

Card Number Expiration Date

Signature

Please return this completed form with payment to:

The Foundation of St. Lawrence NYSARC
6 Commerce Lane
Canton, NY 13617

THANK YOU!