

**Ossining Children's Center
Donor Application**

First Time Donor Previous Donor

Name: _____
Company/Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Please check: If address change If company matching gift form enclosed

The above is a gift donation given by:

Name (s) _____
Address _____
City/State/Zip _____
Phone _____

Gift notice will be sent to the recipient.

Donation Categories

\$25 \$50 \$100 \$250 \$500 Other: \$ _____

Check (payable to Teatown Lake Reservation)
 Charge: MC Visa Discover

Acct. # _____
Name on card _____
Signature _____
Exp. date _____ Credit card three digit code _____

- I am interested in volunteering. Please contact me.
- I would like to donate stock or securities. Please contact me.
- I am interested in planned giving opportunities. Please contact me.
- I want to donate professional services or equipment. Please contact me.

Please mail this form with your donation to:

Ossining Children's Center
90-92 South Highland Ave.
Ossining, N.Y. 10562

For more information on how you can donate to the Ossining Children's Center,
please contact Shawn Cribari, Development Director, at 914-941-0230.