

**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 Ossining Children's Center)  
 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.