Ossining Children's Center Donation Transmittal Form

| First Time Donor | Previous Donor | | |
|---|---|---|------|
| Name: | | | |
| Company/Organization (if a | pplicable): | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Email: | | |
| This is a change of add | ress | | |
| I have enclosed a corpo | rate matching gift form | | |
| For donations in honor or in | memory of someone: | | |
| This gift is given in hor | orin memory of: | | |
| Name (s) | | | |
| Please send a notification of | f this gift to: | | |
| Name | | | |
| Address | | | |
| City/State/Zip | Phon | ne | |
| My Check in the amount of | \$(payable to the Os | ssining Children's Center) is enclosed | d. |
| I would like to donate | nteering. Please contact me. stock or securities. Please con ng OCC in my Will or Estat ssional services or equipmer | ontact me. te Plan. Please contact me. | |
| Please mail this form with y Development Office Ossining Children's Center Rebecca and Arthur Samber 32 State Street, Ossining, N | rg Building | | |
| For more information please | e contact Shawn Cribari, De | velopment Director, at 914-941-0230 |) or |

visit us at <u>www.ossiningchildrenscenter.org</u>, or follow us on Facebook: <u>https://www.facebook.com/OssiningChildrensCenter</u>