

DONATION SLIP:

Please make checks payable to: **Friends in Need**

Send to: Friends in Need Foundation, Attn: Scarlett Mendoza
400 E. 57th Street, New York, NY 10022

Amount: ___ \$25 ___ \$50 ___\$75___ \$100 ___Other: \$ _____

Please complete the information requested to help us in properly recording your gift.

PRINT NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE (____) _____ - _____

Please bill my credit card:

Yes, I would like to make a monthly pledge.

Please charge \$ _____ every ____ of the month (specify date)

Card Number _____ - _____ - _____ - _____

Exp. Date _____ - _____

Signature _____