

DONATION FORM

CONTRIBUTOR INFORMATION

Last Name: _____ First Name: _____ MI: ____

Street Address: _____ City: _____ State ____ Zip _____

Telephone Numbers: Home (____) _____ Work:(____) _____

E-mailAddress: _____

I/we would prefer that this contribution and/or name be kept confidential. Thanks!

DONATIONS

I would like to help homeless families and persons living with HIV by contributing to HHB

I would like to help mentally ill adults and families by contributing to TSLI

I would like to make a one-time donation in the amount of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

I would like to make an ongoing donation as follows:

\$ _____ Monthly Quarterly Annually

MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

If yes, please enclose a signed Matching Donation Form from your employer.

METHOD OF PAYMENT

Check enclosed. Please make checks or money orders payable to either "TSLI, Inc." or "HHB, Inc."

Please bill my credit card. Visa Mastercard

Account number: _____ Expiration Date: _____

Authorized Signature: _____

NOTES

▸ Contributions to TSLI and HHB are deemed charitable organizations under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Please consult your financial advisor for any clarifications.

▸ You will receive written confirmation of your donation by mail or via email.

Please forward completed form and payment to:
Lori Meyers, Administrative Assistant
TSLI/HHB
840 Suffolk Avenue
Brentwood, New York 11717