

# MAIL-IN DONATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

We do not capture or keep your information – it is used solely to thank you personally for your donation

## GENERAL DONATION:

In the amount of \$ \_\_\_\_\_

Proceeds will provide support to the Home and Residents

If you have any special requests, please indicate them below: \_\_\_\_\_

Please note that IRS regulations prohibit charitable donations made for the benefit of a single individual or small group, especially if there are restrictions in use that may viewed as discriminatory.

## MEMORIAL DONATION IN MEMORY OF: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Please notify:

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

## DONATION IN HONOR OF: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Please notify:

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

**PLEASE MAIL THIS FORM AND YOUR CHECK TO:**

**Administration**

**Tolstoy Foundation Rehabilitation & Nursing Center ☞ 100 Lake Road, Valley Cottage, NY 10989**

**If you know of anyone interested in our facility, please provide us with their contact information**