

Tunnel^{TO}Towers Foundation

DATE: _____

Name: _____

Company/Organization: _____

Phone: _____ Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email: _____ ☐ Please add me to the email list

CREDIT CARD AUTHORIZATION

Credit Card Type (please check one) ☐ Amex ☐ VISA ☐ Mastercard ☐ Discover

Card Billing Address(If same as above, leave blank): _____

City: _____ State: _____ Zip: _____

Phone No. of Cardholder: _____

Card No.: _____ Exp. Date: _____ CID or Security Code: _____

I hereby authorize the Tunnel to Towers Foundation to charge the following amount \$ _____
to my credit card. ☐ **Monthly** ☐ **One-Time**

Signature: _____ Date: _____

CHECK

Please make all checks out to "Tunnel to Towers Foundation" and kindly mail with the attached form to the address listed below.

OPTIONAL DEDICATION Please make my gift:

☐ In Honor of _____ ☐ In Memory of _____

☐ Please send acknowledgment of dedication to (name/address required):

Name: _____

Phone: _____ Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

Tunnel to Towers Foundation is recognized by the IRS as a 501(c)(3) tax-exempt organization.
Our EIN Number is 02-0554654. Please consult with your tax adviser regarding the deductibility of your contribution.
2361 Hylan Blvd, Staten Island, NY 10306 Phone (718)987-1931 Fax (718)987-3909