

# Tunnel<sup>TO</sup>Towers Foundation

## DONATION FOR (PLEASE CHECK ALL THAT APPLY)

DATE: \_\_\_\_\_

General Foundation  Gold Star Family Home Program  *Smart Home* Program

Fallen First Responders Home Program  Homeless Veteran Program

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 may 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