



Please mail this form and your check to:

Foster Foundation
25 Rockaway Avenue
Garden City, NY 11530

Date: _____

(Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to the Foster Foundation.

My name: _____

Address: _____ Home phone: (_____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

General Donation

Gift in honor of: _____
(name of individual)

Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.
Your contribution is tax deductible.