

Name _____

Address _____

Day phone _____ Evening Phone _____

E-mail address _____

Yes, I would like to make a gift to the Golandsky Institute at the following level:

- Benefactor \$5,000 and above
- Patron \$2,500 - 4,999
- Donor \$1,000 - 2,499
- Sponsor \$500 - 999
- Supporter \$250 - 499
- Member \$100 - 249
- Friend \$50 - 99
- Partner \$1 - 49

Please indicate the amount of your gift: _____

My check to the Golandsky Institute is enclosed

Please charge my: VISA MasterCard

in the amount of: \$ _____

Account Number _____ Exp. Date _____

Signature _____

Does your employer match your contribution? Yes No

Employer Name: _____

Is this a joint contribution? Yes No

This is a joint gift from myself and _____

Do you have any additional requests for your contribution?

Please make this an anonymous donation.

I would like to make this donation in honor or memory of _____

How did you learn about the Golandsky Institute? _____

Would you like someone to contact you about planned giving?

Yes No Phone _____ Best time _____

Mail this form and payment to:

The Golandsky Institute
Park West Finance Station
P O Box 20726
New York, NY 10025