

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