



## Donation Form

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am pledging:  General Donation  In Honor of Someone  
 In Memory of Someone  On Behalf of a Company

Donation Amount: \_\_\_\_\_

I'm donating through:  Check  Credit Card

If donating by credit card:

Visa Name on card: \_\_\_\_\_

Mastercard Card Number: \_\_\_\_\_

American Express Expiration Date: \_\_\_\_\_

Discover Signature: \_\_\_\_\_

Please send notification to: \_\_\_\_\_

Address to notify:

\_\_\_\_\_  
\_\_\_\_\_

Message to Include with Gift:

\_\_\_\_\_  
\_\_\_\_\_

Please mail this form and check, if applicable to:

Shema Kolainu - Hear Our Voices  
4302 New Utrecht Avenue  
Brooklyn, NY 11219