



Gift Form

I am pleased to support the Allied Foundation with a gift of: \$ _____

Please designate my gift: _____ Greatest Need _____ Diaper Bank _____ Literacy Program
_____ Period Project _____ Andrew Fierstein Memorial Award

Tribute Gift Information:

In Memory of: _____ In Honor of: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City, State Zip: _____

Donor Information:

Name: _____

Home Address: _____

City, State Zip: _____

Payment Options:

_____ Enclosed is my check (made payable to the Allied Foundation).

Please charge my: _____ VISA _____ AMEX _____ Mastercard

Card Number: _____

Exp. Date: _____ CVC Code: _____

Name as it appears on card (please print): _____

_____ I wish to have this gift remain anonymous.

Please print and mail a completed form with your payment to: **Allied Foundation, Inc.**

3 Huntington Quadrangle, Suite 105S, Melville, NY 11747

Any questions, please call: **631-386-4185**. Allied Foundation is a designated 501©(3)

organization. All contributions are tax deductible to the extent allowable by law.

