



# Fountain House Printable Donation Form

## Section 1: Contact Information

*If donating by credit card please be sure that this information is complete and applies to the cardholder.*

**FIRST NAME:**

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**LAST NAME:**

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**MI:**

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**ADDRESS:**

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**ADDRESS:**

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**CITY:**

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**STATE:**

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**ZIP:**

---

**PHONE:**

---

**FAX:**

---

**EXT:**

---

**EMAIL:**

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I may be contacted by email

Please do not contact me by email

**Section 2: Gift Information**

**AMOUNT:** (circle one)

\$25      \$35      \$50      \$100      \$250      \$\_\_\_\_\_ Other

*Please Note: Unfortunately, we are unable to process credit card gifts less than \$15.*

\_\_\_\_\_ My company will match my gift. I will mail you a copy of the appropriate form from my corporation's matching gift program.

This gift is in \_\_\_ Honor \_\_\_ Memory of: \_\_\_\_\_

Please notify this person/family of my gift:

NAME:

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE

\_\_\_\_\_

**Section 3: Credit Card and Payment Information**

**CREDIT CARD NUMBER:**

\_\_\_\_\_

**EXPIRATION DATE (MM/YY):**

\_\_\_\_\_

**NAME AS IT APPEARS ON CARD:**

\_\_\_\_\_

*We accept Visa, MasterCard, and American Express.*

*If donating by check or money order, please make it payable to Fountain House.*

**Thank you for supporting the important work of Fountain House. After your credit card is authorized or your check clears, you will receive an official receipt acknowledging this transaction for your tax records.**

**Again, thank you for your support. Your generosity will help us bring more opportunities to people with mental illness.**

**CONTACT:**

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