



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift

DONOR INFORMATION

Donor Name (First and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to Daley Relief Inc

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

OR Become a Daley Relief Champion!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$____ per month

Yes! I would like to make a monthly gift in the amount of \$____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by contacting us at dalyrelief.org

Your questions and feedback are very important to us. Please feel free to contact us at dalyrelief.org

Please mail this completed form to: Daley Relief Inc | PO Box 1723 | Baldwin, NY 11510-1132