

Donation Information

△ I am contributing \$ _____ as a straight donation to South Shore Child Guidance Association

△ I am contributing \$ _____ as an honorarium to South Shore Child Guidance Association

In honor of _____

In memory of _____

Please send an acknowledgement of my gift to:

Name _____

Address _____

△ Check enclosed

△ Credit card (circle one below and add account number and expiration date)

MasterCard **Visa** # _____ **Exp:** _____

Authorized Signature: _____

Name: _____ **Company:** _____

Address: _____

City, State/Zip Code: _____

Telephone #: _____ **Fax #:** _____

E-mail address: _____

Please mail the completed form to:

South Shore Child Guidance Association, 17 West Merrick Road, Freeport, NY 11520

Email inquiries to: clinic@southshorechildguid.org or call 516-868-3030
