

Memorial or Tribute Gift Donation Form

Gift Amount:	\$100 _	_\$250 _	\$500	\$1,000	\$5,000	Other: \$	
I am making this gift in honor of [Name]:							
I am making this gift in memory of [Name]:							
Please send an announcement of my gift to:							
Nam	ne:						
Stre	et:						
City, State Z	ip:						
Em	ail:						
Your Contact Information							
Nan	ne:						
Stre	et:						
City, State Z	ip:						
Em	ail:						
Phor	ne:						
Billing Informat	cion						
Check (Please make check payable to "Union Settlement Association")							
Credit Card		Please	circle one	: AMEX	VISA MA	ASTERCARD	
Name	e on Card	d:					
	g Addres						
(If different fi	_						
Security Code:		e:			Expira	ation Date:	
Signature: _							
Please mail this	:	Atter	n Settleme	elopment			

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