

Schenectady Community Home, Inc.

Joan Nicole Prince Home

22 Glenview Drive, P.O. Box 2122

Scotia, NY 12302-0122

518-346-5471

www.joannicoleprincehome.org

Monthly Giving

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Business: _____

E-Mail Address: _____

Make a Monthly Gift

___ I would like to make a monthly donation of ___ \$10 ___ \$25 ___\$50 ___ Other: \$ _____ per month

___ I prefer to use my: ___ Visa ___ MasterCard ___ Discover

___ *PayPal: please use our website's Donate button; click on box below statement -"Make this Recurring (Monthly), located @ top of page

I authorize Schenectady Community Home, Inc. aka Joan Nicole Prince Home to charge the amount specified to my credit card by the 15th of each month. I understand that I may cancel this authorization by notifying Schenectady Community Home, Inc. in writing.

Signature: _____ Date: _____

Credit Card Information

Credit Card #: _____ Expiration Date: _____

Address on file for credit card: _____

Signature: _____ Date: _____

Your gift makes a difference to the terminally ill in our community!

This letter serves as a receipt of your donation. Our Federal Tax ID is #01-0566111. No goods or services have been provided in consideration of the deductible amount of this contribution.