

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 15<sup>th</sup> 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.