



DONATION FORM

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Name as it appears on card _____

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My employer will match this gift. Please contact me for further information.

If you would like to send an additional message with the donation, please write it below.

Please mail this form to:

HVCS

PR/RE Dept.

40 Saw Mill River Road

Hawthorne, NY 10532

Questions? Comments? Please contact us at

(914) 785-8326 or use our website's "Contact" feature:

www.hudsonvalleycs.org/contact