

## Crossroads House Donation Form

Please fill in the following information & mail to  
Crossroads House, PO Box 403 Batavia NY 14021

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

My gift is:  In Memory

In Honor of

Provide Name: \_\_\_\_\_

I wish to remain anonymous.

Please use my donation for the general fund at Crossroads House.

I have provided for Crossroads House in my Will.

I am interested in Crossroads House Endowment Program.

Enclosed is my donation of \$ \_\_\_\_\_

## Credit Card Information: Visa & MasterCard

Please deduct \$ \_\_\_\_\_ from my credit card **each month**. I can stop this anytime by calling  
Crossroads House Office at 343-3419.

Please deduct \$ \_\_\_\_\_ from my credit card **once only**.

Card# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Card 3 digit verification number from the back: \_\_\_\_\_

Your Signature: \_\_\_\_\_

## Acknowledgements

Please acknowledge this gift to: (amount will NOT be specified)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**Thank you for your generous tax deductible donation!**