



AURORA
OF CENTRAL NEW YORK INC.

AURORA OF CENTRAL NEW YORK, INC.

DONATION FORM

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Phone _____

I would like to make a contribution to AURORA of Central New York at the following level

\$25 \$50 \$100 \$250 \$500 Other \$ _____

I am paying by: Check MasterCard Visa American Express

My Account # _____ Expiration Date: _____

V-Code (three-digit number on back of card) _____

Name on Account (if different from above) _____

Please Print

Billing Address _____

I am aware and allow the company to charge my card for the above purposes.

Date: _____ Signature _____

Please make checks payable to **AURORA OF CNY, Inc.** and return to:

1065 James St., Syracuse, NY 13203

Gifts may be acknowledged in our newsletter, if you wish to remain anonymous please check here

In return for your gift you received no material goods or tangible services for supporting Aurora of CNY. Your donation to Aurora is tax deductible.