



Donation Amount: \$ \_\_\_\_\_

# Donation Form

THE POWER OF CHANGE

Thank you for supporting Albany Community Action Partnership. To make a donation by mail please clearly print your information on this form and send it to **Albany Community Action Partnership, 333 Sheridan Ave, Albany, NY 12206**. If you have any questions, please contact the Marketing and Development Department at 518.463.3175 ext.101 or ext.143.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am interested in receiving e-mail updates from ACAP:  Yes  No

I would like to support:

- ACAP General Fund
- Career Services
- Head Start/UPK
- Weatherization and Energy
- Cohoes Food Pantry
- Child Care
- Family Court Children's Center
- Dress for Success Albany

I will be paying by:

- Check
- Credit Card
- Money Order

Please make checks and money orders payable to Albany Community Action Partnership.

Credit Card Information:

- VISA
- MasterCard
- Discover Card
- American Express

Card Number: \_\_\_\_\_ CSC\*: \_\_\_\_\_ Expires: \_\_\_\_\_

Donation Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like to continue giving. Please remind me of my pledge:

- Monthly
- Quarterly
- Annually

This gift is made

In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

For In Honor of and In Memory of donations, kindly provide the name and address of the person or family to whom ACAP will send a card on behalf of your donation.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Albany Community Action Partnership is a 510(c)3 organization designated by the Internal Revenue Code. All donations are deductible to the extent provided by law.*

\*CSC is the last 3-digits of the security code on the back of a VISA or MasterCard credit card.