



ATTN: ELENA STURMAN  
PHOENIX HOUSES OF NEW YORK AND LONG ISLAND  
34-25 VERNON BOULEVARD, L.I.C., NY 11106

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

I am making a gift of:  \$25  \$50  \$100  \$500  \$1,000  \$5,000  Other \$ \_\_\_\_\_

My gift is in memory of \_\_\_\_\_ My gift is in honor of \_\_\_\_\_

Please acknowledge my gift to:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Please include this message: \_\_\_\_\_

Please check a designation:

- Where the need is greatest
- The Patient Assistance Fund
- Capital Improvements and Transportation
- Ronkonkoma Miller Center- Bryan Bausch Fund

- My employer will match this gift
- The matching gift form is enclosed

Matching Gift Company: \_\_\_\_\_

**-Credit Card Details-**

Visa  AmEx  MasterCard  Discover  Please charge my gift monthly on the \_\_1st / on the \_\_15th

Credit Card Number: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_

Name on the card: \_\_\_\_\_

*I authorize Phoenix House to charge my credit card for the amount indicated above.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

We welcome Charitable IRA rollovers, appreciated stock, and planned giving. For more information, please call Elena Sturman, Sr. VP and Chief Development Officer at 646-505-2199, or email [esturman@phoenixhouse.org](mailto:esturman@phoenixhouse.org)