Please mail this completed form to: Believe & Inspire 500 7th Avenue 8th Floor New York, NY 10018

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly). To donate to a specific cause, please write the name of the cause on the memo line of your check.

If you would like to donate by phone via credit card, please do so, on the website.

Today's Date:			
Amount of Check: \$			ire.
Donor Name:			
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Address:	_		
City:			
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Telephone Number: (optional)			□ Mobile
CAUSE			
Please mark with an "x" your d	esired cause. This will enabl	le us to apply your donation w	here you intend.
☐ Where It Is Needed Most:	Support all of the urgent ne	eds of the Kids that come to o	ur agency for assistance.
☐ Other* (please specify):			
	Please also indicate the nam	e of the specific cause on the me	emo line of your check.

Your questions and feedback are very important to us. Please feel free to contact us at info@believeandinspire.org Thank you for yoursupport.

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