

# Lochland

*"Celebrating Ability"*

1065 Lochland Road, Geneva, NY 14456  
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## Donation Form

Your Information		
Name	Telephone Number	
Address or P.O. Box		
City	State	Zip
Email Address		

Your Donation				
<input type="checkbox"/> \$ 100.00	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 500.00	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> Other _____

Designate Your Donation	
<input type="checkbox"/> In Memory	<input type="checkbox"/> In Honor
Name of Person	
Please acknowledge my tribute gift to:	
Name	
Address	
City	State Zip

How To Use My Donation	
<input type="checkbox"/> Purchase Items From Wish List	<input type="checkbox"/> Purchase Agency Medical Equipment
<input type="checkbox"/> Resident Recreation Activities	<input type="checkbox"/> Wherever My Gift Is Needed Most

Form of Donation			
Credit card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card #:	_____	Exp. Date:	_____
<input type="checkbox"/> Write check to Lochland and send to address above - CVV (3 Digit Security Code on back of CC) _____			

For questions please contact: Carrie Fiorilla, Executive Director  
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