

Crossroads House Donation Form

Please fill in the following information & mail to
Crossroads House, PO Box 403 Batavia NY 14021

Your Name: _____

Address: _____

City, State & Zip Code: _____

My gift is: In Memory

In Honor of

Provide Name: _____

I wish to remain anonymous.

Please use my donation for the general fund at Crossroads House.

I have provided for Crossroads House in my Will.

I am interested in Crossroads House Endowment Program.

Enclosed is my donation of \$ _____

Credit Card Information: Visa & MasterCard

Please deduct \$ _____ from my credit card **each month**. I can stop this anytime by calling
Crossroads House Office at 343-3419.

Please deduct \$ _____ from my credit card **once only**.

Card# _____

Expiration date: _____

Card 3 digit verification number from the back: _____

Your Signature: _____

Acknowledgements

Please acknowledge this gift to: (amount will NOT be specified)

Name: _____

Address: _____

City, State & Zip Code: _____

Thank you for your generous tax deductible donation!