

**DONATE BY MAIL**

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Yes, I want to support the programs of Selfhelp by making a tax-deductible gift of:

\$5,000    \$1,000    \$500    \$250    \$100    \$50    Other \$ \_\_\_\_\_

I want to join Selfhelp's Monthly Giving Program. Please charge my credit card this amount each month.

Please direct my donation to:

- Where the need is greatest
- Holocaust Survivor Services
- Affordable Housing with Services
- Virtual Senior Center
- Emergency Cash Assistance Program for Holocaust Survivors
- Holocaust Educational Initiative
- Home Health Aide Training
- SHARP – Selfhelp's Alzheimer's Resource Program
- Witness Theater
- Other \_\_\_\_\_

Enclosed is my check, made payable to *SCS Foundation*.

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

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To charge this gift to your credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Card Number: _____	Billing Name & Address (if different): _____
Expiration Date: _____ CVV: _____	_____
Signature: _____	_____

This gift is:    in honor of    in memory of

Name: \_\_\_\_\_ Please notify: \_\_\_\_\_

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

**Please mail this form along with your check to:**

Selfhelp Community Services Foundation  
Development Department  
520 Eighth Avenue, 25<sup>th</sup> Floor  
New York, NY 10018

**Thank you for your support!**