

Single or Recurring Gift Form

Download and print this form to fill in your information.

I would like to donate a single gift in the amount of: \$ _____

I would like to join the Fund's recurring gift program and donate the following amount:

\$ _____ per month quarterly (check one)

Donate by Check: Please mail your check to:

Fund for Public Health in New York City
22 Cortlandt Street, Suite 802
New York, NY 10007

Donate by Credit Card: Please provide us with the following information:

MasterCard Visa Discover American Express (check one)

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ CSC Code: _____

Signature of Card Holder: _____

Please provide the following information in full:

Name: _____

Mailing Address: _____

City: _____ State or Province: _____

ZIP Code: _____ Country: _____

Phone: _____ Email: _____

Would you like to be added to FPHNYC's mailing list? Yes No (check one)

THANK YOU! You will receive an email acknowledgement of your gift.

*Donations to the Fund for Public Health in New York City, a 501(c)3 charitable organization,
are eligible for charitable deductions under section 170 of the Internal Revenue Code.
We appreciate your support!*