



## DONOR INFORMATION

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

**Affiliation with Spectrum:**

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

Parent       Sibling       Friend

City: \_\_\_\_\_

Other \_\_\_\_\_

State: \_\_\_\_\_

**PLEASE CHOOSE ONE:**

Zip: \_\_\_\_\_

Annual Appeal

Phone: \_\_\_\_\_

Holiday Appeal

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

Event (please specify): \_\_\_\_\_

## MY DONATION IS A TRIBUTE TO SOMEONE SPECIAL:

In Honor of       In Memory of       Other \_\_\_\_\_

In the Name of: \_\_\_\_\_

Please mail an acknowledgement to family

Name & Address: \_\_\_\_\_

## DONATION INFORMATION

Amount of Donation: \$ \_\_\_\_\_

**Please send your complete form and donation to:**

Spectrum for Living

Attn: Allysa Oliver

210 Rivervale Road - Suite #3

River Vale, NJ 07675