



## Donation Form

**\*Indicates information required to process your contribution.**

Date: \_\_\_\_\_

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

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

\*Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

\*Gift Amount: \_\_\_\_\_

I have submitted this contribution for a matching gift from my employer:

Employer Name / Address: \_\_\_\_\_

Payment Method:

\_\_\_\_\_ Check Enclosed (Please make checks payable to Safe Space)

\_\_\_\_\_ Please visit NYCharities (link on our website) to make a secure online credit card donation.

Please complete if you would like to designate this as a tribute gift:

In honor of: \_\_\_\_\_ In memory of: \_\_\_\_\_

Send notification to Name: \_\_\_\_\_

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

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

**Any name or information submitted as a tribute in honor of or in memory of will not be solicited or stored in our database to protect the integrity and intention of the donor.**

**Please mail completed form to:**

SAFE SPACE  
ATTN: Development Department  
89-74 162<sup>ND</sup> Street  
Jamaica, NY 11432