

I/WE WISH TO SUPPORT THE FUND FOR PARK AVENUE'S

PARK AVENUE MALLS PLANTING PROJECT

ADDRESS				
CITY/STATE/ZIP CODE				
TELEPHONE/EMAIL				
☐ FRIEND \$100	☐ SUPPORTER	R \$250	☐ Sponsor \$500	☐ PATRON \$1,00
☐ BENEFACTOR \$2,5	00	UNDERWRITE	er \$5,000	OTHER
EAG	CH AND EV	ERY GIFT	IS MUCH-APPI	RECIATED!
PLEASE	MAKE YOUR C	HECK PAYABLE	TO THE FUND FOR F	PARK AVENUE
CHARGE MY CREDIT C	ARD AMEX	☐ DISCOVER	☐ Mastercard	☐ VISA
*REQUIRED ACCOUNT NUMBER*_				
CSC#*		Exp. Date*		
NAME AS IT APPEARS O	ON CARD*			
				MATCH FROM YOUR EMPL

IF RETURNING BY MAIL:

I/WE ARE MAKING THIS CONTRIBUTION

IN HONOR OF __

IN MEMORY OF __

THE FUND FOR PARK AVENUE

445 PARK AVENUE, SUITE 900 NEW YORK, NY 10022 (212) 836-4373

WWW.FUNDFORPARKAVENUE.ORG