

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

PARK AVENUE TREE LIGHTING

Name (as you wish to be listed)					
Address					
CITY/STATE/ZIP CODE _					
TELEPHONE/EMAIL					
☐ FRIEND \$100	☐ SUPPORTER	\$250	☐ Sponsor \$500		Patron \$1,000
☐ BENEFACTOR \$2,50	00	Underwriter	₹ \$5,000	OTHER	t
EACH AND EVERY GIFT IS MUCH-APPRECIATED!					
PLEASE MAKE YOUR CHECK PAYABLE TO THE FUND FOR PARK AVENUE					
CHARGE MY CREDIT CA	RD AMEX	OR Discover	☐ Mastercard	☐ VISA	
REQUIRED ACCOUNT NUMBER					
csc# <mark>*</mark>		Exp. Date*			
NAME AS IT APPEARS ON	N CARD*				

DOUBLE YOUR IMPACT! YOUR DONATION MAY BE ELIGIBLE FOR A CORPORATE MATCH FROM YOUR EMPLOYER.

A CONTRIBUTION TO THE FUND IS A WONDERFUL WAY TO COMMEMORATE A SPECIAL OCCASION OR HONOR A LOVED ONE.

I/WE ARE MAKING THIS CONTRIBUTION

IN MEMORY OF _____

IN HONOR OF _____

IF RETURNING BY MAIL:

THE FUND FOR PARK AVENUE

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

WWW.FUNDFORPARKAVENUE.ORG