



**I/WE Support the work of SICM!**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please accept my donation of:  \$1000  \$500  \$100  \$50  Other \_\_\_\_\_

My check is enclosed  Please bill my \_\_\_MasterCard \_\_\_VISA

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_

*Signature* \_\_\_\_\_

**Please designate my contribution for:**

- Where most needed
- Rachel Fund (Endowment)
- Program Designation \_\_\_\_\_

**Please send me information on:**

- Volunteer Opportunities
- How to include SICM in my estate planning
- How to Transfer Stock or Securities

My/Our gift is in honor/memory of: Name \_\_\_\_\_

Please send an acknowledgement of my/our gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

*All gifts are tax deductible, and receipts will be issued for single donations \$25 and over.*

**I prefer to receive**  **a receipt only annually**  **all receipts via email (include above).**

Please send contributions to:

**SICM Office  
1055 Wendell Avenue  
Schenectady, NY 12308**

***Thank You!***





