



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
930 Albany Street
Schenectady, NY 12307**

Thank You!

