



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 _____

*Payment Method: Check Enclosed (Please make checks payable to Safe Space)

Visa MasterCard AMEX

Credit Card Number: _____

Expiration Date: _____

Name (as it appears on card): _____

Billing Zip Code: _____

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

In honor of: _____ In memory of: _____

Send notification to Name: _____

Address: _____

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 162ND Street
Jamaica, NY 11432