



A New Home for SIBSPlace

CAPITAL CAMPAIGN PHILANTHROPIC COMMITMENT

Donor Information

Name:

Address:

Phone and Email:

Donation

\$

I / We will commit to the following donation:

Capital Campaign Giving Circle Donation Capital Campaign Naming Opportunity

General Donation

Please recognize our donation with the following name(s):

Payment

Check Credit Card Stock Gift *(Please Check (✓) One)*
 MasterCard Visa American Express

Credit Card Number: _____ Exp. Date _____

Sec. Code _____

Name on Card *(If different from donor name)*

Billing Address *(If different from above)*

City: _____ State: _____

Zip: _____

Signature: _____

Date: _____

Please make checks payable to:
**Mailing Address: SIBSPlace
Development Dept.
P.O. Box 843 Baldwin, NY 11510-9815**