



# **Donation Form**

**Please use this form and include it with your check or money order:**

Make all checks payable to "SJBFIHOPE"

**Payment Type:**  Check  Money Order  Cash  Credit Card

Name (as it appears on card): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ -- \_\_\_\_\_ CW: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE MAIL THIS FORM AND YOUR GENEROUS DONATION TO:**

**SJBF / iHOPE**

101 West 116th Street, Floor 2

New York, NY 10026

P: (212) 787-8315

F: (212) 787-1740

**If you have any questions please e-mail:**

**[courtney.ihopenyc@gmail.com](mailto:courtney.ihopenyc@gmail.com)**

*iHOPE is a subsidiary of The Sarah Jane Brain Foundation which is a 501(c)3 non-profit organization.  
Contributions are tax-deductible and our federal tax-id number is 26-1459452.*