



Yes, I'd like to make a donation!

Full Name _____
(Last) (Middle) (First)
Mailing Address _____
(Address) (City) (State) (Zip)
Email _____ Phone _____ Birthday _____

Donation Information

Amount of donation \$ _____ Date of donation _____

- Please find my contribution enclosed. *(Check or Money Order should be made payable to HELP/PSI, Inc.)*
- Please charge my HELP/PSI, Inc. contribution to my credit card. MasterCard VISA American Express
- Other _____

Name as it appears on credit card _____

Credit card address (if different from above) _____

Card number _____ CVC code _____ Expiration date _____

Acknowledgement Information *(optional)*

This gift is in honor in memory of _____

If you would like an acknowledgement letter sent to a loved one, please give us their contact information below.

Full Name _____
(Last) (Middle) (First)
Mailing Address _____
(Address) (City) (State) (Zip)

Checks & money orders should be made payable to *HELP/PSI, Inc.* & send to:
PSI
1401 University Avenue
Bronx, NY 10452

To learn more about our services or learn how you can get involved, visit our website at:

www.projectsamaritan.org or contact us at:
getinvolved@projectsamaritan.org or (718) 681-8700 ext 2171