



Making Lives Healthier,
in Partnership

YOUR INFORMATION

Title _____ Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

AMOUNT

\$ _____

Dedication to/in honor of/in memory of: _____

Please send a dedication acknowledgement to:

Title _____ Name _____

Address _____

City _____ State _____ Zip Code _____

PAYMENT INFORMATION

Please find my HELP/PSI contribution enclosed.

Please charge my HELP/PSI contribution to my credit card

MasterCard VISA American Express

Name as it appears on credit card _____

Address _____

City _____ State _____ Zip Code _____

Card Number _____ CVC Code _____ Expiration Date _____

Please make your check payable to HELP/PSI and return it addressed to:
HELP/PSI, Finance Office, 89-31 161st Street, Jamaica, NY 11432