

**YOUNG AUDIENCES NEW YORK DONATION FORM**

*Please mail your tax-deductible donation with this form to:*

Young Audiences New York  
1 East 53<sup>rd</sup> Street, 9<sup>th</sup> Floor  
New York, NY 10022



**Donor Information**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Address Information**

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Yes, I would like to receive online communications from Young Audiences New York.*

**Gift Amount (please check one)**

\$500       \$250       \$100       \$50       Other Amount \_\_\_\_\_

**Payment Options**

I have enclosed a check made payable to Young Audiences New York.     I would like to charge my donation.

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Exp Date (MM/YYYY) \_\_\_\_\_ Signature \_\_\_\_\_

**Honor/Memorial Gifts**

*If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgment, please include their address.*

**Honoree Information**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Honoree Address Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Honoree Message**

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your support!**

*In accordance with IRS regulations, your contribution is tax deductible to the extent allowed by law. Young Audiences New York's latest financial statements may be obtained by writing to: Office of the Attorney General, Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271.*