

Learning Disabilities of Central New York

Donation Form

Thank you for considering a gift to LDACNY!

I would like to make a gift of \$_____ to Learning Disabilities of CNY.

Name_____

Address_____

City_____ State_____ Zip_____

Day Phone_____

Enclosed is my check for \$_____ (Payable to LDACNY)

or please charge \$_____ (please check one)

___ Visa ___ Mastercard (For \$30.00 or more only on credit)

Please send receipt YES___ NO___

Mail form to:

Learning Disabilities Association

722 West Manlius Street

E.Syracuse, NY 13057

To fax a donation using Visa or Mastercard,
the fax number is (315) 431-0606

I would like more information about:

___ Naming Learning Disabilities of CNY in my will

___ Making a contribution that will provide income during my lifetime

___ Making a contribution through the purchase or transfer of a life insurance
policy.

___ Making a contribution through the sale of stock.

**For more information please visit www.ldacny.org, call (315) 432-0665
or email us at LDACNY@LDACNY.org. Thank You!**