

DONATION FORM



Check enclosed

Charge my credit card

Donation amount \$ _____

Please make check payable to The Retreat.

Credit card number _____ Exp.Date _____ CVV _____

First name _____ Last Name _____

Mailing address _____

City _____ State _____ Zip _____

Home Cell Phone number _____

Email _____

Signature _____

Tribute Information (if applicable)

This donation is made: In honor of someone In memory of someone

Name of honoree: _____

Name of person to be notified of this gift if different: _____

Address of person to be notified: _____

Email of person to be notified: _____

Personal note to person notified: _____

Please mail this donation to:

The Retreat

13 Goodfriend Drive

East Hampton, NY 11937

Questions? Contact our Development team at 631-329-4398.