

DONATION FORM



Donation amount \$ _____

____ One-Time Gift

____ Monthly Gift

____ Quarterly Gift

____ Check enclosed (Made payable to The Retreat)

____ Charge my credit card

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: _____

This donation is made in memory of: _____

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 form to:

The Retreat

13 Goodfriend Drive

East Hampton, NY 11937

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

Tax ID 11-2862256, Retreat Inc.