



Donation Form (please print this form enter your donation information, and mail to the address shown below)

I am making a contribution of:

\$50 \$100 \$200 \$500 \$1,000 or \$ _____ (please indicate amount).

I prefer to make a contribution by [] AMEX, [] Master Card, [] Visa

CARD # _____

Expiration Date _____

Signature _____

Please fill in your name and address to ensure correct preparation of your receipt for tax purposes.

Name:

Address:

City:

State:

Zip:

Telephone Number (optional)

E mail address (optional)

Dooley Intermed will not share your contact information with any 3rd party source.

Please make your check or money order payable to:

Dooley Intermed

PO Box 750918

Forest Hills, NY 11375

MATCHING CORPORATE GIFTS

Maximize your gift! Many corporations have Matching Gift Programs that double or even triple the gifts their employees make to charitable organizations. The specific guidelines on the matching gift vary by employer. If your corporation has a Matching Gift Program, please obtain a matching gift form and return it to us along with your contribution. If you prefer, please provide us with your company's name, address and phone number and we will explore the possibilities of a matching gift.

Company Name and Address:

For contributions of stock please contact us at: 646-820-7360

Thank you for your generosity. All contributions are tax-deductible as allowed by law in the U.S. Intermed International, Inc. is registered as a tax-exempt charity under section 501(c) (3) of the Internal Revenue Code. Annual reports are available upon request.