



# Farmingdale Interfaith Adult Day Care Center

1 Morton Street, Farmingdale, New York 11735 (516) 293-8928

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## Donation

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number circle one (Home) (Cell) (Work)

\_\_\_\_\_

Donation Type

Cash ( ) Amount \$ \_\_\_\_\_

Check ( ) Amount \$ \_\_\_\_\_

Supplies for Program ( ) Amount \$ \_\_\_\_\_

What Supplies: \_\_\_\_\_

Signature of Donor \_\_\_\_\_

Date: \_\_\_\_\_

In Memorial Of: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

To help out the program ( )