
Donation Form

I/We would like to make a donation in support of **Spectrum360**.

One-time gift
Please accept this donation of \$ _____

Recurring Donation
I would like to become a recurring donor. Please bill me \$ _____ month/quarter/year
(please circle your preferred period)

Additional Gift Information

My employer has a matching gift program
 I would like my gift to remain anonymous

Name(s): _____

Company/Organization: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

In Honor / Memory of (circle) for recognition purposes: _____

Signature

Date

Payment method:

Check enclosed payable to **Spectrum360**
 Process credit card payment: (circle) AMEX / VISA / MC

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Mail to: **Spectrum360 Development Office** 414 Eagle Rock Avenue, Suite 200B, West Orange, NJ 07052

Questions? Call 973.509.3050 x237

All gifts are tax deductible as permitted by law

Thank you for your support!

Pursuant to state regulations regarding charitable solicitations, we are required to include certain disclosure language. New Jersey: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 973.504.6215 AND IS AVAILABLE ON THE INTERNET AT WWW.NJCONSUMERAFFAIRS.GOV/OCP.HTM. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT.