

# Voices of September 11th Mail in Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Payment Method

Check enclosed (Payable to: **VOICES OF SEPTEMBER 11<sup>TH</sup>**)

Credit Card (Fill out Info below)

Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC \_\_\_\_\_

Signature \_\_\_\_\_

To make a gift of stock. Please contact us at (203) 966-3911

**Enclosed is my gift of \$** \_\_\_\_\_

I'd like my gift to help:

Support services to 9/11 Families, Responders, and Survivors

The 9/11 Living Memorial

VOICES Center of Excellence for Community Resilience

My gift is in memory of: \_\_\_\_\_

I wish to give my gift anonymously

I agree that my name and donation level will be recognized in the VOICES Annual Report

My employer matches charitable donations. Enclosed in the matching gift form

## Thank you for your generous support of our work

VOICES is proud of our unwavering commitment to supporting those impacted by 9/11, promoting efforts to make our country safer, and helping communities heal after other tragedies.

**Please mail this form to:**

**Voices of September 11<sup>th</sup> - 80 Main Street Suite #5 - New Canaan, CT 06840**