

The Scarsdale Teen Center
Thank You for Giving to The Scarsdale Teen Center!

Personal Information

Name: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone: _____

Email: _____

Date: _____

____ I wish my gift to be anonymous

Payment Method

1.) Enclosed is a check or money/money order for

\$ _____ payable to

“THE SCARSDALE TEEN CENTER”

2.) Please charge my credit card \$ _____

_ Visa _ MasterCard _ American Express

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Tribute Information

If this gift is made in honor or in memory of someone, please check: ____ In Honor ____ In Memory

Name of Honoree: _____

To whom should we send an announcement of your gift?

(We will not tell them the dollar amount, only that we have received a donation from you.)

Name: _____

Address: _____

Email: _____

Please send completed form to:

The Scarsdale Teen Center – 862 Scarsdale Avenue – Scarsdale, New York 10583