

**Yes, I would like to show my support of the work of
Forever Family Foundation
with my tax deductible contribution of:**

_____ \$10 _____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500
_____ \$1,000 _____ \$1,500 _____ \$3,000 _____ \$5,000 _____ OTHER

All donations, regardless of size, are deeply appreciated, and will be graciously acknowledged.
Forever Family Foundation is a Not For Profit 501(c)(3) charitable organization #EIN 20-942333

- I have enclosed a MATCHING GIFT FORM from my employer that could double or triple my gift
 My employer has a MATCHING GIFT PROGRAM. Please contact:

Enclosed is my check payable to *Forever Family Foundation, Inc.*

Please charge my credit card

Card Number _____ Expiration Date _____



CVV code _____



When using a credit card for payment, please sign here _____
then when completing the information below please use the same billing information as the credit card you have chosen:

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Country _____

email address _____ Phone _____

- I am not currently a member of *Forever Family Foundation*, but would like to take advantage of your FREE MEMBERSHIP. Please use the above information to process my enrollment.

If your contribution is in honor or in memory of someone, please complete the following:

- In Honor Of In Memory Of _____

Acknowledgment of this contribution should be sent to:

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Country _____

- Please post this Honor/Memory to the FFF Website and *Signs of Life* Newsletter. When receiving a memorial contribution, we would like to honor your loved one by listing his/her name on our memorial web page, accompanied by a short message if you so desire. We know that they are always with us and can NEVER be forgotten.



Return Completed Form To:

Forever Family Foundation, Inc.

222 Atlantic Avenue

Oceanside, New York 11572-2009