

1.) CONTRIBUTOR INFORMATION (Please print)

				State		
2.) GIVING C						
2A). NA	MING OPPORTUNITIES visit www.stmichaelshomeuniondale. ated area of your choosing along with					t the
Room or	area choice	Amount \$				
Name:	(2)					
2b) AN	(Please print name) GELIC LEVELS OF GIVING	(s) as it is to appe	ar on plaques,			
	Benefactors - \$10,000,000 and above	e 🔲 Grand Bene	factors - \$5,00	0,000 - \$9,999,999	Э	
🗌 Benefa	actors - \$1,000,000 - \$4,999,999	Archangels - \$100	,000 - \$999,99	9 🔲 Angels - \$25	5,000 - \$99,999	
Cheruk	oim - \$10,000 - \$24,999 🔲 Seraphir	m - \$5,000 - \$9,999	Eriends	5 - \$1,000 - \$4,999		
Every dona	NERAL DONATIONS tion will be acknowledged, those \$25, refer to make a donation in the an OPTIONS				ne Major Donor Wall.	
I (we) prefer:	🗌 to pay entire amount now	a	2-year pledge	e, installments du	ue Jan. 1st of each y	/ear
l (we) plan to make l	my (our) contribution in the form c	-			ble to St. Michael's Home) act the Development Office	
	Please charge my credit ca	ard on the schedu	le indicated,	effective on	///	
	Mastercard	Visa	Discover	🗌 American E	Express	
	Name on Card: Card #: Signature:					
	My gift will be matched by	/		(on/ Family.
Signature of Donor:	ng campaign is in progress, may w		-		Date/	/
You may also mail you	npleted form to: development@stmi ir completed from to: St. Michael's H raising costs allocated to the Expansio	ome / Attn: Develo	pment Office,	3 Lehman Terrace,	, Yonkers, New York 1 <i>Updated as of 05/17</i>	

*Please note all fund-raising costs allocated to the Expansion Fund.