



## Donation & Pledge Form

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**name**

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**address**

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**city**

**state**

**zip**

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**home phone**

**business phone**

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**fax**

**email**

### **Donation information**

**I wish to give: \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ other \$ \_\_\_**

**Check payable to: Lisa Beth Gerstman Foundation**

*Please do not send cash.*

### **Pledge information**

I wish to pledge \$ \_\_\_\_\_ to the Lisa Beth Gerstman Foundation over the next \_\_\_\_\_ months/years (circle one). Please have the Lisa Beth Gerstman Foundation contact me to arrange a payment schedule.

Mail: Lisa Beth Gerstman Foundation  
439 Oak Street  
Garden City, NY 11530

Fax: 516-594-7085

**Thank you for your generosity.**

Contributions to the Lisa Beth Gerstman Foundation are tax-deductible to the extent permissible by law. If you have any questions, please call the Lisa Beth Gerstman Foundation at 516-594-4400.

Bringing the summer camp experience to children with physical disabilities.