



## 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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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, Suite 1  
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 516-612-0463.