

## New Visions Foundation Donation Form

**Yes, I would like to help the people served by New Visions with my donation, designated as indicated below:**

<input type="checkbox"/> New Visions Annual Fund	<input type="checkbox"/> New Visions Music Fund
<input type="checkbox"/> New Visions Educational Fund	<input type="checkbox"/> New Visions Art Fund
<input type="checkbox"/> New Visions Holiday Fund	<input type="checkbox"/> New Visions Day Habilitation Fund
<input type="checkbox"/> Residential Computers Fund	<input type="checkbox"/> New Visions Community Employment Fund
<input type="checkbox"/> Kaplan Staff Retention Fund	<input type="checkbox"/> New Visions Day Training Fund
<input type="checkbox"/> Milton & Sylvia Kaplan Human Services Scholarship Fund	<input type="checkbox"/> Planned/Deferred Giving

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

\_\_\_\_\_

**Cash** \_\_\_\_\_ **Check #:** \_\_\_\_\_

\_\_\_\_\_

**Visa** \_\_\_\_\_ **Mastercard:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Logged In At New Visions By:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please Indicate Here If You Wish To Make A Monthly Automatic Checking Account Donation.  
A Form Will Be Sent To You To Complete To Begin The Donation Process:*

*Yes, I Wish To Make A Monthly Automatic Checking Account Donation:* \_\_\_\_\_

**Thank You For Your Kindness**  
**Please Print and Mail This Form With Your Donation To:**

**Margie Sheehan**  
**New Visions Foundation**  
**334 Krumkill Road**  
**Slingerlands, New York 12159**