

○ \$25,000 **○** \$10,000 **○** \$5,000 **○** \$1,000 **\$500** \$100
\$50
\$25 **\$250** Make my gift in honor of: Make my gift in memory of: _____ Name _____ Title _____ Company Phone (______ Email _____ Billing Address _____ Credit Card Number _____ Exp. _____ Name on Card _____ CVV _____ Signature _____ **PLEASE RETURN FORM TO:** myFace: 333 East 30th Street, Lobby Office, New York, NY 10016 My company matches gifts/matching gift form enclosed I am interested in planned giving ☐ I plan to include myFace in my will ☐ I would like to volunteer for myFace