

Cleary Foundation for the Deaf



Gift Donation Form - Complete and Mail to:

*Cleary Foundation for the Deaf
301 Smithtown Blvd.
Nesconset, NY 11767-2077*

Enclosed is \$ _____ to support the Cleary Foundation for the Deaf.

Please use my gift as indicated below:

- Interpreter Training Program
 - Parent American Sign Language Program
 - Building Fund
 - Wherever the need is greatest
- Employer: _____

Make your tax deductible gifts payable to: **Cleary Foundation for the Deaf**

Visa/Master Card/Discovery/Amex (circle one):

Card # _____ Expiration Date ___/___

Signature (require for credit card donations) _____

Name _____

Address _____

City, State, Zip _____

Phone: _____ Email: _____