



CONTRIBUTION FORM

I/We would like to give a gift to Mozaic in the amount of: \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAYMENT INFORMATION:

Enclosed is my check in the sum of \$ _____ Check number: _____
Please make check(s) payable to: **Mozaic**

Please charge my donation to:

Check one: Visa MasterCard AMEX Discover

Credit Card Account Number: _____

Name (as it appears on credit card): _____

Expiration Date: ____/____

Please Note: The address above must match the address that is associated with your credit card.

Please do not add me to your mailing list

Please mail/e-mail this form and your payment to:

Mozaic

Community Relations

1083 Waterloo-Geneva Road

Waterloo, NY 13165

or e-mail: khefferon@mozaic.org

Mozaic is a 501(c) (3) organization designated by the Internal Revenue Code.
All donations are tax-deductible.

Thank you for your support!

Mozaic 1083 Waterloo-Geneva Road Waterloo, NY 13165

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