



DONATION FORM

Name Company

Address

City State Zip

Phone Fax E-mail

Please accept my tax-deductible donation of \$ _____.

Please bill my AMEX Visa MasterCard

Credit Card Number _____ Exp. Date _____

Name as it appears on card

Signature _____

Please make checks payable to: "The FOUNDATION" and mail to: The FOUNDATION c/o Pink Barrette
64 Beaver Street, Suite 211 New York, NY 10004. You may also fax this form to (347) 368-2277. For
additional information, please call (917) 991-8971 or e-mail akira.barclay@thefdn.org.