



Donation Form

Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

E-mail: _____

(An e-mail address allows us to keep you informed about our activities)

Please make **checks payable to Employment Horizons, Inc.**

Charge to: Visa Mastercard Discover American Express

Card # _____

Expiration Date _____

Name on Card _____

Cardholder's Signature _____

Commemorate an occasion or someone with a **TRIBUTE GIFT**

A Tribute Card will be sent for contributions of \$25 and above.

Send tribute card to:

Name: _____

Address: _____

In honor of: _____ In memory of: _____

Please send: Classic Tribute Card Birthday Tribute Card

DOUBLE YOUR DONATION'S IMPACT WITH A MATCHING GIFT!

I have enclosed my (or my spouse's) employee matching gift form.

I have applied for matching gifts through _____

CONTACT ME ABOUT:

Volunteering

I have included Employment Horizons in my will to support continued growth opportunities for people with special needs.

Employment Horizons is a 501 (c) (3) organization. Your donation is tax-deductible to the extent permitted by law.

Please visit our website @ www.emhorizons.org to donate online or fund an item on our **WISH LIST**.

Questions? Please call 973-538-8822 ext. 240

**Please mail completed form to:
Employment Horizons, Inc.
10 Ridgedale Ave.
Cedar Knolls, NJ 07927
Attention: Community Relations**