



# HEIGHTS AND HILLS

supporting brooklyn's older adults

## We Welcome Your Donation - *Thank you for your generous support!*

When you donate to Heights and Hills, you are helping us make sure Brooklyn's older adults are not forgotten and have the resources they need to age successfully in their own homes and communities.

Each year, donors like you help us improve the health and wellbeing of more than 4,000 older adults, ranging in age from 60 to more than 100, and their family caregivers. Choose your preferred gifting method.

### TO DONATE BY MAIL:

Please make your check out to *Heights and Hills*, and mail with this donation form to:

Development Office  
Heights and Hills, Inc.  
57 Willoughby Street, 4th Floor  
Brooklyn, NY 11201

### OTHER WAYS TO DONATE:

- Donate Online by going to [www.heightsandhills.org/donate/donate-online](http://www.heightsandhills.org/donate/donate-online)
- Donate by Phone by calling our Director of Development at 718-596-8789 x327

### FOR MORE INFORMATION

Please contact the Development Office at 718-596-8789 x327 or [development@heightsandhills.org](mailto:development@heightsandhills.org)

## DONATION FORM I/We would like to support Heights and Hills with a donation.

### GIFT AMOUNT:

- \$1,000    \$500    \$250    \$100    \$50  
 \$ \_\_\_\_\_ (Please indicate your amount.)

### TYPE OF GIFT:

(Please check one.)

- Recurring Monthly    Recurring Yearly    One-Time Gift

### DONOR LISTING:

- Please list me/us as: \_\_\_\_\_  
(Please indicate how you wish to be listed when we acknowledge our donors.)  
 I/We would prefer to remain anonymous.

### MATCHING GIFT:

- I/We want information on matching gifts.

### Is this gift in memory of or in honor of someone?

- Yes    No

If so, please list my/our gift as:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Individual to notify of the memorial/tribute gift:

(If you choose, please enter first name, last name and either mailing address or email address.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DONOR CONTACT INFORMATION:

\_\_\_\_\_  
NAME • TITLE

\_\_\_\_\_  
COMPANY/ORGANIZATION (IF APPLICABLE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY • STATE • ZIP

\_\_\_\_\_  
HOME/BUSINESS PHONE                      MOBILE PHONE

\_\_\_\_\_  
EMAIL

### CREDIT CARD INFORMATION:

\_\_\_\_\_  
CARDHOLDER NAME

\_\_\_\_\_  
CARD ACCOUNT NUMBER

\_\_\_\_\_  
EXPIRATION DATE                      SECURITY CODE

### Credit Card Billing Address:

- Same address as above.  
 New address – See below.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY • STATE • ZIP