



DONATION FORM

Please mail this completed form to:
Michael P. Donatucci Foundation, Inc.
Michael's Giving H.A.N.D.
1907 S. Broad Street - Lower Level
Philadelphia, PA 19148

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly). To donate to a specific program, please write the name of the program on the memo line of your check.

If you would like to donate by via credit card, please visit our website at www.michaelsgivinghand.org/donate.

Today's Date: _____

Amount of Check: \$ _____ payable to the **Michael P. Donatucci Foundation, Inc.**

Donor Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Email: _____

Telephone Number: _____ Home Mobile

IN HONOR/MEMORIAM If you'd like to acknowledge someone with your donation, please complete the following information.

In Honor/Memory of: _____ In Honor In Memory

Acknowledge to: _____

Address: _____

City: _____ State _____ Zip Code _____

DONATION PROGRAMS

Please mark with an "x" your desired MGH Program. This will enable us to apply your donation where you intend.

- Where It Is Needed Most:** Support all of the urgent needs of Michael's Giving H.A.N.D.
- High School Outreach Program:** Educate Students, Parents and Faculty on Adolescent Anxiety and Depression. \$500 funds one presentation.
- Adolescent Mental Health Counseling Program:** Provide teens, regardless of ability to pay, with an immediate mental health assessment to diagnose and develop a treatment plan. \$450 funds one teen in this program.

*Our Federal Tax ID number is 81-3501476. Your questions and feedback are very important to us.
Please feel free to contact us at www.michaelsgivinghand.org/contact-us or call 267.858.4291. Thank you for your support.*