



cds wolf foundation

a cds life transitions company

Donation Form

I am pleased to partner with the CDS Wolf Foundation in support of people with intellectual & developmental disabilities, people with chronic illnesses, seniors and veterans as they reach for their dreams of independence and community inclusion at CDS Life Transitions.

Please accept my gift of \$_____.

* Gifts to the CDS Wolf Foundation are tax deductible to the fullest extent of the law.

Donor Information:

Full Name:_____

Company (Optional):_____

Mailing Address:_____

Billing Address:_____

Email:_____ Phone:_____

Please process my donation via:

_____included check, payable to the CDS Wolf Foundation

_____charge my credit card

Card Number:_____ Security Code:_____ Exp. Date:_____

Signature:_____ Date:_____

This is a tribute gift made [] in memory of [] in honor of_____

[] please notify _____

(We will send a letter to the contact and address you request. Contribution amount remains confidential.)

[] Please use this gift wherever most needed.

[] Please restrict my gift to:_____

[] My company participates in a matching gift program.

Please contact me in reference to:

[] Event sponsorship opportunities

[] Making a provision for the CDS Wolf Foundation in my will

[] Other planned gift, deferred gift, or trust opportunities

[] Naming Opportunities for special gifts

[] Volunteering

Return this Donation form to the CDS Wolf Foundation: 860 Hard Road, Webster NY, 14580