

LICIL DONATION FORM

Please return to:

**Long Island Center for Independent Living, Inc.
3601 Hempstead Turnpike, Suite 208, Levittown, NY 11756.**

Checks should be payable to **LICIL**

Contribution Amount _____

Donation for (Please check one)

- Membership
- Support of LICIL Services

Name _____

Email Address _____

Street Address _____

City _____

State _____ **Zip** _____

Phone _____

(For gifts \$25 or more)

This gift is

In Memory of _____

In Honor of _____

Occasion _____

Please send an acknowledgement card to:

Mr./Mrs./Ms. _____

Address _____

City _____ Town _____ Zip _____