



# Donation Form

Name (as it should appear in any printed materials)

I wish to remain anonymous

Address

Company

City

State

Zip Code

\$50.00

\$1,000.00

\$100.00

\$2,500.00

\$250.00

\$5,000.00

\$500.00

OTHER: \$ \_\_\_\_\_

Credit Card Number

Exp. Date

Security Code

Name As It Appears On Card

Signature (Required)

( )

Phone Number

Email

**To donate right NOW**

**please visit [say.org/fls](http://say.org/fls) or call 646.403.3514**

**Or mail to: The Stuttering Association for the Young**

**c/o Noah Cornman, 36 Westwood Circle, Irvington, NY 10533**