

## DONATION FORM

The Pat Hearn Colin de Land Cancer Foundation

I want to participate in *The Pat Hearn Colin de Land Cancer Foundation* as a contributor. My donation will help provide grants to individuals in the visual arts community with cancer in the New York Metropolitan area.

I wish to make my gift for (please circle one): \$100 \$250 \$500 \$1000 other

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (*work or home-please circle one*)

Email \_\_\_\_\_

I would like to make my donation in honor or memory of someone special and have an acknowledgement card sent to their family.

I wish to make my gift - In honor of - In memory of (please circle one)

Name \_\_\_\_\_

Occasion \_\_\_\_\_

Please send an acknowledgement card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make checks payable to:

The Pat Hearn Colin de Land Foundation c/o Barbara Morse  
201 West 86<sup>th</sup> (1106) Street  
New York, NY 10024

You will receive a confirmation in recognition of your gift/donation .

Contributions to the foundation are tax deductible to the extent permitted by law.  
Please consult your own tax advisor.