



DONATION FORM:

By Check*:

Make check payable to:

A.C.T. Programs: Quest/Doyle Fund

By phone*:

Call A.C.T. 212.316.7530 (Can only accept Visa or MasterCard)

Please have the information listed below and security code

By Credit Card Below*:

Visa MasterCard Amex

Credit Card #: _____

Exp. Date: _____

Signature: _____

Please return this form to:

The Cathedral of Saint John the Divine, Development Office

1047 Amsterdam Avenue • New York, NY 10025-0171

Fax: 212-316-7466 • Phone: 212-316-7498

Or email us at: mmiranda@stjohndivine.org

www.stjohndivine.org

**A letter acknowledging your tax deductible contribution will be forwarded for your records.*

Donor Information:

Title: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State _____ Zip Code _____ Phone: _____

Fax: _____ Email: _____

Supporter Categories:

Contributor: \$25 - \$100

Friend: \$101 - \$200

Supporter: \$201 - \$499*

Tiller \$500 - \$1,500*

Gardener \$1,500 or more* Amount enclosed: _____

Donation designation:

No preference

Financial aid Grants: Doyle fund

Special Project: Children's quest Fund

Capital fund

Operating fund

Check as applicable:

I prefer to make this donation anonymously.

I pledge \$ _____ in honor of _____ to be given to A.C.T. programs by ___/___/___