

# abcd DONATION FORM

Please print this form and complete the information below to ensure proper preparation of your tax receipt. (Please print clearly.) To donate to a specific program or service, please write it in the memo line of your check.

If you would like to donate by phone via credit card, kindly call our **GIVE** line at **617.348.6559**.

Today's Date: \_\_\_\_\_

Check amount: \$ \_\_\_\_\_ (make payable to Action for Boston Community Development)

Donor Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Telephone # (optional): Home \_\_\_\_\_ Mobile \_\_\_\_\_

*My donation will go towards (select one):*

**Where it is needed most:** Support all of the urgent needs of low income families in greater Boston

**Specific ABCD program or service** (please specify): \_\_\_\_\_

**Neighborhood:** Provide for local ABCD programs and services in your community (please specify):  
\_\_\_\_\_

Dedicate my donation  in honor of  in memory of:

Honoree's name: \_\_\_\_\_

I would like my contribution to remain anonymous.

## Questions and Comments

We welcome your questions and feedback.  
Please feel free to contact us at **617.348.6559** or  
**give@bostonabcd.org**. Thank you for your support.

## Mail this completed form to:

Action for Boston Community Development  
Attn: Donations  
178 Tremont Street  
Boston, MA 02111