

Gift Form

Date	//		
Name			
Address			
City		State	_ Zip:
Email Addre	ss	Daytime Phone _	
	I am pleased to make the Services for the U	•	
PAYMENT IN	NFORMATION*		
	Enclosed please find my che	ck, payable to Serv	vices for the UnderServed (S:US)
	I wish to make a gift of securi Weston, Chief Development sweston@sus.org.		• •
	*If you wish to make your g	gift online, please	visit <u>www.sus.org</u>
DOUBLE TH	E IMPACT OF YOUR GIFT		
	ou or your spouse has an emportribution can be significantly in		matching gifts program, your
	My matching gift form is encl	osed	
	My employer will forward the	necessary form /	check:

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☐ Whatever is needed most
☐ COVID-19 test kits, protective masks, gowns and gloves.
☐ Meals and food supplies for families and individuals in our shelters and residences.
☐ Homelessness prevention and anti-eviction assistance.
☐ Women and children living in domestic violence shelters.
Veterans who are challenged by homelessness, depression, and/or unemployment.
☐ Individuals with substance use challenges and mental health issues.
☐ People with autism/developmental disabilities.
☐ Job skills/nutrition through Urban Farms
☐ People living with HIV/AIDS in need of permanent housing.
DOUBLE THE IMPACT OF YOUR GIFT
If you or your spouse has an employer that offers a matching gifts program, your contribution can be significantly increased.
☐ My matching gift form is enclosed
☐ My employer will forward the necessary form / check:
Company Name:
 ☐ I have remembered S:US in my estate plan. Please include my name in the S:UStain Legacy Society. ☐ I am interested in learning more about making a planned gift.

I WOULD LIKE MY GIFT TO SUPPORT:

Please return this form in the enclosed self-addressed envelope or send to

Stacey Weston, Chief Development Officer Services for the UnderServed (S:US), 463 7th Avenue, 17th Floor, New York, NY 10018

For further information: P: 917-408-1632 or E: sweston@sus.org