



Donation Form

Instructions

Please print and mail or fax a completed form to:

Save Ellis Island, Inc.
500 International Drive
Suite 350
Mt. Olive, NJ 07828
(973) 347-8435 -- Fax

Required Information

Title: Mr. Mrs. Ms. Miss Dr.

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Payment Information

Check payable to: Save Ellis Island

I would like to charge my credit card in the amount of: \$ _____

Name (as it appears on card): _____

Credit Card Number: _____

Type of Card: Mastercard Visa American Express Discover

Expiration Date: ____/____

Signature: _____

Additional Information

Yes, my company has a matching gifts program.

I have enclosed my company's matching gift form.

I will send my company's matching gift form.

We also accept gifts of securities. Please call us at (973) 347-8400.

Thank you for your support of Save Ellis Island.