Organization _____

Department _____

Coordinator _____

Title _____

Address _____ City, State, ZIP _____

Phone _____ Email _____

PARTICIPANT NAME	HOME ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL ADDRESS	CASH / CHECK #	PAID ONLINE	GIFT AMOUNT	RECEIPT
			TOTAL		$	

Visit www.northernrivers.org/takeastep for additional donation forms. Please make all checks payable to Northern Rivers Family of Services.
If a participant donated online at www.northernrivers.org/takeastep/donate, please put an "X" in the column named "Paid Online."
If you would like us to send you a charitable tax receipt, please put an "X" in the column named "Receipt." All information must be complete and legible.
Send completed forms and funds to: Stephanie Douglas, Northern Rivers Family of Services, 60 Academy Road, Albany, NY 12208.
Questions? Contact stephanie.douglas@northernrivers.org or 518.579.3504.