

Mail-In Donation Form

Thank you for choosing to support Transitional Services, Inc.

Please complete the bottom portion of this form and return it with your check or money order, payable to Transitional Services, Inc. Keep the top portion for your records until you receive your official tax receipt.

When your donation is processed, we will send you a receipt for tax purposes. If you have any questions, please contact Gary Glowish at (716) 874-8182 or gglowish@tsiwny.org.

I donated \$ _____ to TSI with check or money order # _____ on date _____

Mail to:

Transitional Services, Inc.
389 Elmwood Avenue
Buffalo, NY 14222
Attn: Gary Glowish, Director of Financial Services

Name: _____

Phone #: _____

Email: _____

Address: _____

Donation amount:

- \$25 provides linens for a new resident or tenant
- \$50 feeds a homeless person for one week
- \$75 purchases a bus pass to allow travel to work and appointments
- \$250 assists TSI's unfunded employment training programs for individuals with mental illness
- \$420 provides temporary housing for one week to a homeless individual
- \$500 covers a holiday party for persons without any family or friends who would otherwise be alone
- blank amount

I would like my donation:

- to pay for temporary shelter for adults with mental illness who are homeless
- to support employment training for adults with mental illness
- to be used where the need is the greatest
- to support children's mental health services
- to support adult mental health services

This donation is made:

- in memory of _____
- in honor of _____
- to commemorate a special occasion or achievement
- to acknowledge special care received at TSI
- other _____

Please describe the reason for your donation, if desired (continue on the back as needed):

Please select one:

- I prefer to be recognized as _____
- I prefer to remain anonymous. Please do not list my name in any published information.