

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 Ashley Coon-Ribble at (716) 874-8182 or aconribble@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: Ashley Coon-Ribble, Director of Financial Services

Name: _____

Phone #: _____

Email: _____

Address: _____

Donation amount:

- \$15 provides craft supplies or games
- \$25 covers the cost of a birth certificate for a homeless individual
- \$30 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
- \$125 provides winter clothing and boots for one resident
- \$450 provides temporary housing for one week to a homeless individual
- \$500 provides housewares for a new apartment
- other amount _____

I would like my donation:

- to pay for temporary shelter for adults with mental illness who are homeless
- to be used where the need is the greatest
- to support adult mental health services
- other _____

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:

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