



# SAINT MICHAEL'S HOME

*Building for the future~*

## 1.) CONTRIBUTOR INFORMATION *(Please print)*

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 2.) GIVING OPTIONS

## 2A). NAMING OPPORTUNITIES

*Please visit [www.stmichaelshomeuniondale.org](http://www.stmichaelshomeuniondale.org) for naming opportunities. Your gift will be recognized with a plaque at the designated area of your choosing along with being acknowledged on the Major Donor Wall in the entrance lobby.*

Room or area choice \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

*(Please print name(s) as it is to appear on plaques)*

## 2B). ANGELIC LEVELS OF GIVING

☐ Great Benefactors - \$10,000,000 and above    ☐ Grand Benefactors - \$5,000,000 - \$9,999,999  
☐ Benefactors - \$1,000,000 - \$4,999,999    ☐ Archangels - \$100,000 - \$999,999    ☐ Angels - \$25,000 - \$99,999  
☐ Cherubim - \$10,000 - \$24,999    ☐ Seraphim - \$5,000 - \$9,999    ☐ Friends - \$1,000 - \$4,999

## 2c). GENERAL DONATIONS

*Every donation will be acknowledged, those \$25,000 and above will receive special recognition on the Major Donor Wall.*

I would prefer to make a donation in the amount of \$\_\_\_\_\_

### 3.) PAYMENT OPTIONS

I (we) prefer: ☐ to pay entire amount now ☐ a 2-year pledge, installments due Jan. 1st of each year

*I (we) plan to make my (our) contribution in the form of:*

<input type="checkbox"/> Cash	<input type="checkbox"/> Check <i>(Made payable to St. Michael's Home)</i>
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Stock <i>(Please contact the Development Office for instructions)</i>

☐ Please charge my credit card on the schedule indicated, effective on \_\_\_\_/\_\_\_\_/\_\_\_\_

 Mastercard
  Visa
  Discover
  American Express

*Please check here  
to cover the credit card  
processing fee*

Name on Card: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card #: \_\_\_\_\_ CW: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ My gift will be matched by \_\_\_\_\_ Company/Foundation/ Family.

☐ Matching Gift Form Enclosed      ☐ Matching Gift Form Will be Forwarded

While the fundraising campaign is in progress, may we name you as a donor? **Y/N**

Signature of Donor: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please email your completed form to: [development@stmichaelshome.org](mailto:development@stmichaelshome.org)

You may also mail your completed form to: St. Michael's Home / Attn: Development Office, 3 Lehman Terrace, Yonkers, New York 10705

*\*Please note all fund-raising costs allocated to the Expansion Fund.*

Updated as of 12/1/2025