

Donate to Alternatives Counseling Services by Check or by Credit Card

If you'd like to donate to Alternatives by mail, please print and send the following form with your check to this address:

Alternatives Counseling Services

Development Office 291 Hampton Road Southampton, NY 11968

Please make your check payable to Alternatives Counseling Services.

For credit card contributions, information must matc	h credit card details be	low.	
First Name:	Middle Name:		
Last Name:			
Address:			
City:	State:	Zip:	
Country:			
Phone:E-m	ail address		
I am making a gift of:\$25\$50	\$100\$500	\$1,000	Other \$
Gift purpose:			
Please check designation:			
Prevention ServicesCommunity Programs	Treatment Programs	Social M	ledia OutreachOth
Matching Gift Company:			
CREDIT CARD DETAILS:			
[] Visa [] MasterCard			
Credit Card Number:			
Expiration Date (MM/YY):			
Cardholder's name (if different from donor's name):			
I authorize Alternatives Counseling to charge my cre	edit card for the amoun	t indicated abo	ove.
Signature_	Date:		

Questions? Call the Development Office at 631.283.4440 or visit www.alternatives-counseling.org