



Donation Form

Item Description: _____

Value: \$ _____

_____ Donated item is enclosed with this completed form.

_____ Item will be mailed or delivered to Headway of WNY, Inc.

_____ Enclosed is a check donation in the amount of \$ _____

Your Contact Information

Business Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Please return this completed form with donations **anytime before May 26, 2021** to:
Headway of WNY, Inc.

2635 Delaware Avenue, Buffalo, N.Y. 14216

Email: cmelchiorre@people-inc.org Questions: (716)408-3117

Thank you!

Headway is a 501(c)(3) organization and your contribution is tax deductible to the extent allowed by law.