

THANK YOU FOR YOUR DONATION!

**The generosity of people like you enables Equinox to continue to serve our clients.
We appreciate you and thank you for your support!**

DONOR INFO:

Name: _____

Address: _____

Phone: _____ Email: _____

For tax purposes, the taxpayer must assign a dollar value to the items donated to a nonprofit organization. This letter serves as proof of your donation if you list the items donated.

ITEM & QUANTITY

APPROXIMATE VALUE

Please indicate if you want your donation to go to a specific program:

Wherever the need is greatest

Adult Mental Health Residential Services Mental Health Clinic and PROS Program

Domestic Violence Services Youth Transitional Living Services

I do not wish to receive correspondence from Equinox, Inc.

Equinox staff signature and title

Date

Admin use only box Thank You Card: _____ Data Entry: _____



Equinox, Inc.

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Tax ID# 14-1437421 | Registered NYS Charities # 01-21-24