Donor Information



Donation Form

To donate by mail, please complete this form and return it to the Natural Heritage Trust at: 625 Broadway, Albany, NY 12207

Title:	First Name:			Middl	le:	Last Nam	ne:	
Address 1:								
Address 2:								
City:	State:					Zip Code:		
Home Phone:				one:		Work Phone:		
Email Address:	:					□ Please send me ema	il updates on the NHT	
☐ I wish to r	emain anon	ymous	□ No ackn	nowledgmen	nt necessar	у		
Gift Information	on							
Gift Amount:	□\$250	□ \$100	□ \$50	□ \$25	☐ Other	;		
Designation: (/	leave blank fo	r general s	upport)					
Payment Meth	nod:	□Visa	□MasterCo	ard □Di	scover	□American Express	□Check Enclosed	
Name on Card	d:							
Card Number:					Expiration:	CV	C Code:	
Billing Address	s: <i>(if different i</i>	from mailir	ng)					
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Address 1:								
Address 2:								
City:			State:			Zip Code:		

Please Note: that pursuant to Environmental Conservation Laws, the Department is restricted from accepting certain donations from any person or entity that is:

- named in a pending lawsuit by or against the apparation.
 under investigation by the department;
 has a permit or license application pending before the department or currently holding a department-issued permit or license, except for permits or licenses. that are ministerial in nature, such as sporting licenses, use of state land permits, or general permits;
 4. engaged in settlement negotiations with the department regarding any civil, criminal or administrative matter;
- 5. or subject to a consent order issued by the department

By making your donation, you acknowledge and agree that none of the above circumstances are applicable to you.

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