



DONATION FORM

Donation Amount

\$50 | \$100 | \$250 | \$500 | \$1000 | \$2500 | Other: \$ _____ (USD)

Please make checks payable to "Diana Bagrationi Foundation"

Donor Information

First & Last Name: _____

Business Name (Optional): _____

Email: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Instructions

Please mail this completed form and your check to:

Diana Bagrationi Foundation

14 Dakota Street

Hicksville, NY, 11801

For questions or concerns, please email Diana.Bagrationi@gmail.com or call 646-812-0147.