

# DONATION FORM

Spreading Hope Through Compassion



## Donor Information

First name:

Last name:

Street address:

City:

State:

Zip code:

E-mail address:

Phone:

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## Donation Information

### Pledge amount:

\$25                      \$50  
\$100                     \$250  
\$500                     \$1,000  
\$2,500                  \$5,000  
\$10,000  
Other

### Program Designation:

Use Where Needed Most  
Pregnant Teens/Baby Shelters  
Sonogram Clinic - Gift of Hope  
Homeless "Ladies Rest"  
Poor/Needy Family Care Packages  
Chastity Workshops

## Additional Information

I would like to make my  
donation a tribute:

In memory of  
In honor of

Send Dedication  
Acknowledgement

Yes  
No

Tell us who & where to send an  
acknowledgement

# Payment Details

## **CREDIT CARD** (VISA, AMEX, Mastercard, Discover)

Credit Card Number

Expiration Date

Authorized Signature

## **CHECK**

Make check payable to: Several Sources Shelters

### **Remit Payment**

Print out and send filled out form (ensure signature is completed if paying by credit card) and check (if required) to:

Several Sources Shelters  
P.O. Box 157  
RAMSEY, NJ 07446

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Comments