|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | |  | | | | | | |
| Last Name | | | |  | | | | | | |
| Address | | | |  | | | | | | |
| City/State/Zip | | | |  | | | | | | |
| Home Phone | | | |  | | | | | Cell Phone |  |
| Email | | | |  | | | | | | |
|  | | | | | | | | | | |
| Enclosed is my tax-deductible gift of | | | | | | | | $ | | |
| I would like my donation applied toward: | | | | | | | | | | |
| □ | | | Educational Services | | | | | | | |
| □ | | | Health/Counseling Services | | | | | | | |
| □ | | | Food/Clothing Services | | | | | | | |
| □ | | | Housing Services | | | | | | | |
| □ | | | Transportation Services | | | | | | | |
|  | | | | | |  | | | | |
| Please make checks, corporate matches, and other donations payable to: | | | | | | | | | | |
|  | | Hezekiahs Place for Families and Children of Special Needs LLC | | | | | | | | |
| Gift will be matched by: | | | | | | |  | | | |
| Organization Name | | | | |  | | | | | |
| Branding/Logo | | | |  | | | | | | |
| □ | Please keep my donation confidential | | | | | | | | | |