

Lending Hands



of Arizona

Thank you for donating to Lending Hands of Arizona!

DONOR INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email Address: _____

Please mail this form with your donation to this address:

Lending Hands of Arizona

P.O. Box 1500
Snowflake, AZ
85937

Or donate online at lendinghandsofArizona.org

In order to receive important information regarding construction or donation support updates to the person or person's you have selected. Please OPT-IN to communications.

You may withdraw your consent and opt-out at any time.

WHO ARE YOU SPONSORING?

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

All donations will be credited in American dollars. We cannot accept cash donations.

Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.

If you donate \$10 or more, you will receive a tax receipt.

For additional names, please use additional sheet. **Note:** Please make sure the breakout of donations to each sponsor, loved one, family member, friend etc. adds up to the total.

Family Member Friend Unknown

All donations are 100% tax deductible, non-refundable and non-transferable.

Type of support you are interested in providing?

Ask your company if they provide matching gifts for donations.

Amount of Donation * \$ _____

SELECT BETWEEN THREE (3) EASY PAYMENT OPTIONS.

Personal Check, Money Order, Cashiers Check single payment in full only. Please make checks payable to: Lending Hands of Arizona, participant name and number on all checks. Check must be mailed to.

Lending Hands of Arizona
Attn: Donations Department
P.O. Box 1500
Snowflake, AZ 85937

Credit Card single or monthly payments. Your monthly statement(s) will read Lending Hands of Arizona. Payments commence immediately upon the processing of this form by the donation office.

My credit card information is below:

American Express Discover MasterCard Visa

Credit Card Number *: _____

Exp. Date *: _____ Security Code *: _____

Signature *: _____

Bank Wire Transfer single or monthly payments. Your monthly statement(s) will read Lending Hands of Arizona. Payments commence immediately upon the processing of this form the by donation office.

Name of Donor's Bank Name: _____

Branch: _____ Account Number: _____

Wire Transfer Number: _____

Misc: _____

Date: _____

Lending Hands of Arizona, a 501 c (3) Public Charity

Federal Identification Number: **26 - 1779155**

Contact Information: **623-340-4782** or donations@lendinghandsofarizona.org

Bank Name: **Wells Fargo Bank**

Wire Transfer Number: **121000248**

Account Number: **5788186590**

Please know that your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution. Once your funds clear our bank a donation receipt will be sent to you.