



# PEOPLE HELPING PEOPLE

## DONATION FORM

Donor Information			
Name:			
Street Address:			
City, State, Zip:			
Phone:		Email:	

Donation Amount
<input type="checkbox"/> \$1000
<input type="checkbox"/> \$500
<input type="checkbox"/> \$250
<input type="checkbox"/> \$175
<input type="checkbox"/> \$100
<input type="checkbox"/> \$50
<input type="checkbox"/> \$25
Other \$_____

Frequency Preference
<input type="checkbox"/> This is a single (one-time) donation.
<input type="checkbox"/> This is a recurring donation.
<input type="checkbox"/> Monthly donation for _____ months.
<input type="checkbox"/> Quarterly donation for _____ quarters. (billed MAR, JUN, SEP, DEC)

Payment or Pledge
<input type="checkbox"/> Payment (cash, card, check) is included with this form.
<input type="checkbox"/> This is a pledge. Please send me a bill.

Payment By Credit Card			
Card Number:			
Expires MM/YY:		Security Code:	
Name On Card:		Signature:	

<input type="checkbox"/> Donor's employer makes matching gifts. Company name: _____.
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Special Note To People Helping People:

People Helping People In Hernando County, Inc. is a 501(c)(3) nonprofit charitable corporation and all donations are tax deductible to the fullest extent provided by law.

Please mail to: People Helping People, PO Box 6182, Spring Hill FL 34611