Lending Hands



MAIL-IN DONATION FORM

Mail this completed form, along with your check or money order (if applicable) to Lending Hands of Arizona,

Thank you for your gift!

I would like to: (please check only one) Required Field *

OI KIIZOHA	Check	Money Order	Credit Card
Donation Amount * \$_			
First Name *			-
Last Name *			
Address *			_ Apt.*
City *			_
State *	Zip Code *	Phone Num	ber *:
E-mail *:			
Yes, I would like	to receive email from Le	ending Hands of Arizona	
Payment Information			
My check or m	oney order is enclosed.		
Make checks or money donation.	orders out to " <u>Lending</u>	g Hands of Arizona ". Ple	ease do not send cash as a
	My credit card informati	on is below:	
American Exp	ress Oiscover (MasterCard V	'isa
Credit Card Number *	:		
Exp. Date *:		_Security Code *:	
Signature *:			

Please mail your gift to:

Lending Hands of Arizona

Donations Department P.O. Box # 1500 Snowflake, AZ 85937

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.

Contact us for any questions: 623-340-4782 or donations@lendinghandsofarizona.org