



# Donation Form



A United Way Agency

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Donation Amount \_\_\_\_\_

Select the Form of Payment for Your Donation:

\_\_\_\_\_ Check (*The number of the enclosed check is \_\_\_\_\_.*)  
\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

V-Code (*The Last Three Digits on the Back of Your Credit Card*): \_\_\_\_\_

My Donation is to be used:

\_\_\_\_\_ As Needed

\_\_\_\_\_ As an Annual Gift

\_\_\_\_\_ As a Tribute/Honorary Gift

This gift is a tribute or is in honor of \_\_\_\_\_

Address to Send an Acknowledgement Letter to \_\_\_\_\_  
\_\_\_\_\_

Relationship to Donor \_\_\_\_\_

My Donation is to be used (*cont'd*):

As a Memorial Gift  
This gift is in Memory of \_\_\_\_\_

Date of Death \_\_\_\_\_

Name of Family/Friend to Contact & Their Relationship to the Deceased  
\_\_\_\_\_

Contact Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Other: \_\_\_\_\_

I would like my donation to be:

A One-Time Gift       A Monthly Gift  
 A Quarterly Gift       A Bi-Annual Gift  
 An Annual Gift

I wish to donate anonymously:  Yes  No

Comments or Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Helping Hands thanks you for completing this donation form and supporting our emergency home. You may mail this form and your contribution to Helping Hands, Inc P.O. Box 503 Aiken, South Carolina 29802.

Please feel free to call or email Helping Hands at 803-648-3456 or [website@helpinghandsaiken.org](mailto:website@helpinghandsaiken.org) if you have any questions or comments.

Privacy Policy Statement: Your personal information will not be shared with anyone other than Helping Hands, Inc. and the payment processor to securely process credit card transactions.