



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 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.