

DONATION FORM



NEVADA HAND
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Enclosed is my gift of \$ _____ in memory of or honor of _____

DONOR

GIFT GIVEN BY

RELATIONSHIP TO HONOREE (OPTIONAL)

ADDRESS

CITY, STATE, ZIP

EMAIL

PHONE

HONOREE

PERSON TO NOTIFY OF YOUR GIFT (IF APPLICABLE)

CITY, STATE, ZIP

EMAIL

PHONE

We appreciate that your gift is made in honor or memory of someone special. The amount of your donation will not be shared.

Credit Card Information

I will make this contribution via: Cash Check Credit/Debit Card

Visa Mastercard
 Discover American Express

CARDHOLDER'S NAME

CREDIT CARD NUMBER

EXP. DATE

CVV

SIGNATURE

DATE

Please make checks payable to: Nevada HAND

Donate online at www.nevadahand.org/donatetoday

Nevada HAND is a Nevada nonprofit organization registered with Secretary of State (Federal Tax ID #84-1247057). Contributions may be tax deductible under IRS regulations. Its mission is to improve the lives of low-income individuals by providing affordable housing solutions