

DONATION FORM

Nevada HAND

ATTN: Fundraising Team PO Box 400130 Las Vegas, NV 89140 (702) 410-2705

GIFT INFORMATION			
One-Time Gift One-Time Gift Other: \$	○ \$250	⊃ \$100	○ \$50
My gift is in memory/honor of:			
My gift is anonymous			
DONOR INFORMATION			
NAME (as you would like it to appear in our honor roll)	COMPANY NAME (if applicable) CITY/STATE/ZIP		
	PHONE		
CREDIT CARD INFORMATION	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • •
SKEDII CAKD INFORMATION		0 111.75	bit Card
I will make this contribution via: Cash	○ Check ○	Credit/De	
	○ Check○ Visa		lastercard
I will make this contribution via: Cash	_	○ N	lastercard merican Express
	○ Visa	○ N	

Please make checks payable to: Nevada HAND





