

 **Friendship Home**
Donation Form P.O. Box 85358
Lincoln, NE 68501-5358

Personal Information (Must be completed to receive proper credit and tax receipt)

Name _____

Address _____

Phone _____

Email (to receive updates on how your gift is helping) _____

Gift Information

Please accept:

My gift of \$ _____

My monthly gift of \$ _____

My yearly gift of \$ _____

Please mail pledge reminders monthly quarterly November

Signature _____

(required for monthly or yearly gift)

Payment Information

I will give by:

Check payable to *Friendship Home*

Credit Card

Account # _____

Card type _____ Expiration date (mo/yr) _____

Automatic Withdrawal

I authorize Friendship Home of Lincoln, on the 16th day of the month, to initiate debit entries of the amount indicated to my/our account and for my/our financial institution to debit this account for charitable donations. This authority is to remain in effect until Friendship Home of Lincoln has received written notification from me/us of its termination in such time to afford Friendship Home of Lincoln and my/our financial institution opportunity to act on it. **Enclosed is my/our voided check.**

Signature _____ **Date** _____

(required from all account holders for credit card or automatic withdrawal)

Online donation at www.friendshiphome.org

Thank You!