

# Donation Form



## Donor Information (please print)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_

Signature(s)
Date

**Please make checks payable to:** Helping Hand

## Please mail to:

Helping Hand  
4203 Stoneridge Dr.  
Ft. Collins, CO 80525