



## Mail in Contributions

Print and mail this form to:

East St. Tammany Habitat for Humanity.

P.O. Box 2952

Slidell, LA 70458

Does your employer match donations? If so, please note this in the *comments* field.

Is this your first donation to ESTHFH? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to be anonymous? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Your Information

Title or Name of Business/Organization \_\_\_\_\_

First Name \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Donation Amount Information

Donation Purpose:

\_\_\_\_\_ Habitat Anniversary Gift

\_\_\_\_\_ ReStore Fund

\_\_\_\_\_ General Fund

\_\_\_\_\_ Women Build

\_\_\_\_\_ Wish List Item: *(describe)* \_\_\_\_\_

**One Time Donation Amount: \$** \_\_\_\_\_

**OR**

**I would like to make a recurring donation and become a partner or sponsor an event**

Type of Partnership:

\_\_\_\_\_ Family Partner

\_\_\_\_\_ Business Partner

\_\_\_\_\_ Community Organization Partner

\_\_\_\_\_ Faith Based Partner

Annual month for donation to be received by ESTHFH

**Month:** \_\_\_\_\_

The amount I would like to donate is:

\_\_\_\_\_ \$25.00 - 200.00 monthly donation for Golden Hammer Club - section

\_\_\_\_\_ \$250.00 Partnership

\_\_\_\_\_ \$ 500 - Annual Partnership

\_\_\_\_\_ \$1,000 - Annual Partnership

\_\_\_\_\_ \$2,500 - Annual Partnership

\_\_\_\_\_ \$3,000 - Sponsor an event

\_\_\_\_\_ \$9,000 - Sponsor multiple events

\_\_\_\_\_ \$80,000 - Build a new home

**OR**

Honorarium & Memorial

\_\_\_\_\_ Honorarium Name \_\_\_\_\_

\_\_\_\_\_ Memorial Name \_\_\_\_\_

## Credit Card Information

Please fill in this section with the information which appears on your credit card statement.

Name as on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Card Type:

\_\_\_\_\_ Visa

\_\_\_\_\_ MasterCard

\_\_\_\_\_ American Express

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

### Card Expiration Date

Expiration Month: \_\_\_\_\_ Year: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_