

# Grace Care Center Sponsorship Form

**Dear Sponsor:** Kindly complete both sides of this form (Steps 1-5) and return it to VeAhavta in the enclosed envelope. Thank you for your generous support!

## Step 1: Donor Information

First Name	Middle Initial	Last Name
Address		
City	State	Zip Code
Telephone Number	Email Address	

## Step 2: Type of Sponsorship(s)

I would like to become a sponsor as follows:

Sponsorship Program	Number of Sponsorships	Monthly Donation	Subtotal
Sponsor Elders at Mercy Home		x \$40	= \$
Sponsor Children at Grace Home		x \$30	= \$
Grace Vocational Training Sponsor		x \$20	= \$
Grace Daycare Sponsor		x \$10	= \$

**TOTAL MONTHLY SPONSORSHIP COMMITMENT = \$** \_\_\_\_\_

## Step 3: Donation Frequency

I would like to make my sponsorship donations as follows (*check one*):  Monthly **or**  Annually

## Step 4: Sponsorship Updates:

Please provide me with annual sponsorship updates (progress reports, photographs) via (*check only one*):

Email

Regular mail

Do not send me updates

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## Step 5: Donation Payment Method

Please check and complete **only one** of the following:

- I will make my sponsorship contributions by check. Enclosed is my check, payable to **VeAhavta**, in the amount of \$ \_\_\_\_\_ (if sponsoring monthly, the total must be at least the "Total Monthly Sponsorship Commitment" from Step 2, or the yearly total if sponsoring annually). Note: If sponsoring monthly, VeAhavta will mail you a donation coupon and envelope for your next month's contribution.
- I hereby authorize VeAhavta to charge my sponsorship donations each month, on the 10th day of each month, to the following credit card, beginning next month:

\_\_\_\_\_  
Name as it Appears on Card

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

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Today's Date

- I would like to make my donations monthly by Electronic Funds Transfer:

The Electronic Funds Transfer (EFT) option allows you to make your donations regularly without writing a check every month. Your bank will automatically transfer the amount you specify each month. You'll still receive a year-end tax receipt from VeAhavta as well as a monthly record of your gift in your bank statement. To start, fill out and sign the EFT option below and return this form with your first month's check payable to VeAhavta. ***Make sure that the check you send is from the account you wish to use for your automatic donations.*** You may cancel or change your agreement at any time by calling VeAhavta at (805) 542-9357.

I authorize an automatic Electronic Funds Transfer (EFT) from my bank each month. This authorization will remain in effect until I notify VeAhavta that I wish to end this agreement, which I may do at any time. Enclosed is my gift by check made **payable to VeAhavta** for the first month. Please transfer my gift of \$ \_\_\_\_\_ on the  10th or the  20th of each month, beginning next month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Daytime Phone Number

**Thank you for your generous support!**

Please return this form to:

**VeAhavta**  
**A Nonprofit Corporation**  
4349 Santa Fe Road #B-8  
San Luis Obispo, CA 93401