

# Grace Care Center Special Donation Form

**Dear Donor:** Please complete this form and return it to VeAhavta in the enclosed envelope. *If you are making a commitment to sponsorship, please complete the second page as well.* Thank you for your support!

## I. Sponsorship

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 INITIAL SPONSORSHIP DONATION = \$\_\_\_\_\_**

## II. VeAhavta Partners in Grace:

I would like to become a VeAhavta Partner in Grace. I pledge to donate \$\_\_\_\_\_ (\$250 or more) each month to support VeAhavta's programs in Sri Lanka. I will make my donations (check one):  monthly or  yearly. Please check here  if you DO NOT want your name or your organization's name to appear on the Partners in Grace Plaque at the Grace Care Center in Sri Lanka or on our website. Otherwise, please print below the name as you'd like it to appear:

## III. Other Gifts

I would like to donate to the following program(s) in the amount(s) indicated:

Where Needed Most	\$		Grace Girls Home	\$
Grace Boys Home	\$		Grace Daycare	\$
Grace Vocational Training	\$		Mercy Home	\$

**TOTAL DONATION = \$\_\_\_\_\_**

**IV. Total All Donations** - Please total the amounts in Sections I, II & III and write it here: \$\_\_\_\_\_

## V. Payment

- Enclosed is my check in the amount of \$\_\_\_\_\_, payable to **VeAhavta**
- Please charge my gift of \$\_\_\_\_\_ to my (check one):  Visa  MC

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

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

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

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

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

# Grace Care Center Sponsors

Thank you for becoming a sponsor! Please complete this form and return it to us.

## I. Donor Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Email Address

## II. Donation Frequency

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

## III. Donation Payment Method

If making your donations monthly, please check one of the following:

- I will make my sponsorship donations by check.
- I hereby authorize VeAhavta to charge my sponsorship donations each month (on the 10th day of each month) to the credit card described on the first page of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

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

**Thank you again for your generous support!**

Please return this form to:

**VeAhavta**

**A Nonprofit Corporation**

4349 Santa Fe Road #B-8, San Luis Obispo, CA 93401



**See Life Through Someone Else's Eyes**