DONATION FORM



NEVADA HAND Waldon Swenson 295 E. Warm Springs Rd., Ste. 101 Las Vegas, NV 89119 wswenson@nevadahand.org

| Gift Inform | nation | | |
|---|------------------------------|-----------------|---------------------|
| ○ Monthly ○ Other: \$ | ○ \$250 | | \$50 |
| ○ My gift is in memory/honor of: | | | |
| ○ My gift is anonymous | | | |
| Donor Info | rmation | | |
| NAME (as you would like it to appear in our honor roll) | COMPANY NAME (if applicable) | | |
| ADDRESS | CITY/STATE/ZIP | | |
| EMAIL | PHONE | | |
| Credit Card Inf | ormation | • • • • • • • • | • • • • • • • • • • |
| I will make this contribution via: Cash | ○ Check ○ | Credit/Debit | Card |
| | Visa | ○ Mas | tercard |
| CARDHOLDER'S NAME | Oliscove | er 🔵 Ame | rican Express |
| CREDIT CARD NUMBER | EXP. DATE | | VV |
| | | | |