

Helping Hands for GAND
P.O. Box 623006
Oviedo, FL 32762

Donor Information

Donor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Amount: \$ _____ Check # _____

Purpose of Donation

In honor of OR In memory of: _____

Event/Fundraiser Name: _____

Recurring Donation Pledge:

Recurring Donation Amount: \$ _____

Interval (when to be billed): Every: _____ month(s)

Donation Acknowledgement Letter

Recipient Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Federal EIN: 47-5166628

THANK YOU FOR YOUR DONATION!