

**Helping Hands for GAND**  
**P.O. Box 5304**  
**Huntsville, AL 35814**

**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!**