



# The Delores Foundation, Inc.

## DONATION FORM

### PERSONAL

Name (Last)			(First)			(M.I.)		
Mailing Address (Number)				Street				
City			State			Zip Code		
Contact Number (include area code)					Email Address			

### MONETARY CONTRIBUTIONS



I will give (please check all that apply):

<input type="checkbox"/> \$300 – Program Sponsor	<input type="checkbox"/> \$150 – Winter Packs (hat, scarves, gloves, etc.)
<input type="checkbox"/> \$250 – Community Arts Fund	<input type="checkbox"/> \$50 – HOPE Duffle (personal care products)
<input type="checkbox"/> \$200 – Transportation Fund	<input type="checkbox"/> Where the need is the greatest. Amount enclosed: \$_____
	<input type="checkbox"/> I would like to give \$_____ on the ____ day of each month.

### BIRTHDAY FOR THE HOMELESS *Please no used items.*

I will give (please check all that apply):

<input type="checkbox"/> Gift Card, Amount: \$_____	<input type="checkbox"/> Clothing (ages 14 – 18)
<input type="checkbox"/> Toy (ages 1-15, include batteries if needed)	<input type="checkbox"/> Contribute to Fund, Amount: \$_____
<input type="checkbox"/> Birthday-themed supplies (gift-wrap, large gift bags, paper tablecloths, napkins, plates and cups)	<input type="checkbox"/> Other: _____

### OTHER DONATIONS *\*Please no used items.*

I will give (please give a description of all items given):

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### PAYMENT METHOD

I prefer to make my donation by:

Check or Money Order (payable to The Delores Foundation)

Credit Card (Please visit us online at [www.thedeloreshfoundation.org](http://www.thedeloreshfoundation.org). Your contribution will be handled by PayPal.)

Please mail completed form with your donation to:

**The Delores Foundation, Inc.**

**P.O. Box 882**

**Glen Allen, VA 23060**

*Thank you for your gift!*