

Partners in Grace Sponsorship Form

Dear Donor: Kindly complete both sides of this form (Steps 1-5) and return it to VeAhavta. Thank you for your generous support!

Step 1: Donor Information

First Name	Middle Initial	Last Name
Address		
City	State	Zip Code
Telephone Number	Email Address	

Step 2: Partners in Grace Information

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:

Step 3: Other Gifts

I would also 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 =

\$ _____

Step 4: Total All Donations – Please total the amounts in Step 2 and Step 3 and enter it here:

\$ _____

– Next Page Please –

Step 5: Donation Payment Method



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Please check and complete **only one** of the following:

YEARLY DONATION (please choose one of the following sub-options):

<input type="checkbox"/>	Enclosed is my check, payable to VeAhavta , in the amount of \$_____ (should equal the total amount from Step 4, above)						
<input type="checkbox"/>	I hereby authorize VeAhavta to charge my donation, in the amount of \$_____ (should equal the total amount from Step 4, above), to the following credit card: <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Name as it Appears on Card</td> <td style="border-bottom: 1px solid black; width: 35%;">Card Number</td> <td style="border-bottom: 1px solid black; width: 15%;">Exp. Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cardholder's Signature</td> <td style="border-bottom: 1px solid black;">Daytime Telephone Number</td> <td style="border-bottom: 1px solid black;">Today's Date</td> </tr> </table>	Name as it Appears on Card	Card Number	Exp. Date	Cardholder's Signature	Daytime Telephone Number	Today's Date
Name as it Appears on Card	Card Number	Exp. Date					
Cardholder's Signature	Daytime Telephone Number	Today's Date					

MONTHLY DONATIONS (please choose one of the following sub-options):

<input type="checkbox"/>	I will make my Partner in Grace contributions by mail each month. Enclosed is my initial donation, payable to VeAhavta , in the amount of \$_____. Note: VeAhavta will automatically mail you a donation coupon and envelope for your next month's contribution.						
<input type="checkbox"/>	I hereby authorize VeAhavta to charge my sponsorship donations each month, on the 10th day of each month, to the following credit card, beginning next month: <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Name as it Appears on Card</td> <td style="border-bottom: 1px solid black; width: 35%;">Card Number</td> <td style="border-bottom: 1px solid black; width: 15%;">Exp. Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cardholder's Signature</td> <td style="border-bottom: 1px solid black;">Daytime Telephone Number</td> <td style="border-bottom: 1px solid black;">Today's Date</td> </tr> </table>	Name as it Appears on Card	Card Number	Exp. Date	Cardholder's Signature	Daytime Telephone Number	Today's Date
Name as it Appears on Card	Card Number	Exp. Date					
Cardholder's Signature	Daytime Telephone Number	Today's Date					
<input type="checkbox"/>	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 <input type="checkbox"/> 10th or the <input type="checkbox"/> 20th of each month, beginning next month. <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Signature</td> <td style="border-bottom: 1px solid black; width: 30%;">Today's Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Daytime Phone Number</td> </tr> </table>	Signature	Today's Date	Daytime Phone Number			
Signature	Today's Date						
Daytime Phone Number							

Thank you! Please return this form to:

VeAhavta, a Nonprofit Corporation
4349 Santa Fe Road #B-8, San Luis Obispo, CA 93401



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