

Donation Form

YEAR-END GIVING



Your Information

Name: _____

Street Address: _____ City: _____

State: _____ ZIP Code: _____

Phone: _____

Email: _____

☐ My employer will match my gift

☐ I wish to remain anonymous

Payment Options *(please select one)*

☐ I will mail a check (payable to LAHFH, PO Box 234, Brainerd MN 56401)

☐ I will donate online at lakesareahabitat.org

☐ My check is enclosed in the amount of: _____

☐ Please enroll me as a monthly donor using my credit card:

Name on card: _____

Card number: _____

Expiration: _____ CVV: _____

Signature: _____

Amount to Charge: _____

☐ Please charge my credit card in the amount of: _____

Name on card: _____

Card number: _____

Expiration: _____ CVV: _____

Signature: _____

☐ Would you like to designate this donation to a specific build or for general build usage?

THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION

We do not sell or share our donor list. Your tax-deductible donation is an unrestricted gift unless otherwise stated.

Email completed form back to lori.rubin@lakesareahabitat.org
or mail form to **PO Box 234 Brainerd, MN 56401**



Scan to donate online