



*Fillable Donation Form*

**Your gift will help Sheffield Place provide a future and a home to the families who seek our help. Together we can help them reach their goals of self-sufficiency!**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Gift Amount \_\_\_\_\_  Please list me as an anonymous donor

*Payment Information*

I would like to make a donation by the following means:

- Check
- Credit Card
- Type (Select)  Visa
- MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Ongoing Commitment*

I would like to arrange a regular donation to Sheffield Place.

- Frequency (Select)  Monthly
- Quarterly

Payment Amount \_\_\_\_\_

I Would Like My Gift To Go:

- Where the Need is Greatest
- Residential Services
- Project HOPE
- 7-Step Empowerment Program
- Therapeutic Services
- Operations

I Would Like To:

- Make this donation in honor of someone I love. \_\_\_\_\_
- Take a tour of Sheffield Place.
- Learn more about including Sheffield Place in my Will or Trust.
- Discuss my employer's matching contribution program with you.

Thank you for your gift! You will receive a tax receipt within 10 business days.