



support healing, activate hope, promote thriving

DONATION FORM

Healing Journeys is a 501 (c)(3) non-profit organization that depends on your donations to continue offering the FREE Cancer as a Turning Point™ conferences.

DONOR INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you are using a credit card, please enter address, city, state and zip code associated with it.

Telephone: _____ Email: _____

DONATION AMOUNT

one time donation recurring donation*

*If this is a recurring donation, we will contact you with details of our program

- \$25
- \$35
- \$60
- \$100
- \$250
- \$500
- \$1000
- Other _____

Please send me (select one):

- DVD I (\$35 min donation)
- DVD II (\$35 min donation)
- Both DVDs (\$60 min donation)
- No DVDs -Keep all the money for Healing Journeys

DONATION DIRECTIVE: please provide name below

in memory of in honor of anonymous no directive

Name: _____

Please send acknowledgement to: (provide name and address):

A matching gift from your employer may double or triple your gift. If your employer has such a program, please provide a form or tell us how we may receive the gift.

I am interested in learning about making a planned gift to Healing Journeys

PAYMENT DETAILS

Card Type: Visa Mastercard Check

Card Number: _____ Exp. Date mm/yy: ____/____

THANK YOU. Please mail or fax this completed form to address:

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www.healingjourneys.org