



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 resources for anyone touched by cancer.

**Our Tax ID # is 77-0379046. Donations are tax-deductible.**

## DONOR INFORMATION

If you are using a credit card, please enter **billing address** associated with it.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\$ 50

\$100

\$250

\$500

Other \$ \_\_\_\_\_

## DONATION DIRECTIVE

in memory of

in honor of

anonymous

no directive

Name: \_\_\_\_\_

Please send acknowledgement to: please provide name and address or email 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

Discover

Check

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Sec. Code \_\_\_\_\_

Please mail form with payment information to address below. THANK YOU for your support!

**P.O. Box 221417, Sacramento, CA 95822 ♥ (916) 391-0549**

[www.HealingJourneys.org](http://www.HealingJourneys.org)