



# Help Each Other Project

[www.helpeachotherproject.org](http://www.helpeachotherproject.org) | phone 816.837.0013 | 221 W48th Street Suite 1905 | Kansas City MO 64112

## DONOR INFORMATION SHEET

Help Each Other Project thanks you for supporting our work!.

NAME (Last, First) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### DONOR TYPE

**Monthly Donors**

Monthly giving is the best giving option for both Help Each Other Project and our supporters - it allows us to have a dependable base of support and saves time, banking fees and paper by not having to send supporters future reminders and renewal notices.

Check the appropriate amount below if you would like to become a monthly supporter of the Help Each Other Project.

- \$100 per Month       \$25 per Month
- \$50 per Month       \$10 per Month
- Other Amount: \$ \_\_\_\_\_ per month

*A credit or debit card number is required for all monthly supporters.*

**Single, One-Time Donors**

Check the appropriate amount to indicate the amount of your desired one-time contribution.

- \$1000       \$100       \$25
- \$500       \$50       \$10
- Other Amount: \$ \_\_\_\_\_

### COMPANY MATCHING

**My company will match my gift**

Check here if your company has a matching program for charitable gifts from employees. If so, please submit your gift receipt to your employer for processing.

\_\_\_\_\_  
*List your company name here*

### PAYMENT METHOD

**Credit Card**

*This method is required for all monthly donors.*

Please fill in the fields below with information exactly as it appears on your credit card bill; otherwise we may not be able to process your donation. Help Each Other Project keeps your personal and credit card information in strict confidence, and we never sell or distribute that information to third parties!

**Circle Credit**

**Card Type:**    Amex    Visa    Discover    Mastercard

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing Phone:** \_\_\_\_\_

**Check**

Check here if a check is enclosed. Please make all checks payable to "Help Each Other Project, INC."

**Cash**

Check here if a cash gift is enclosed.

### DONOR RECOGNITION

**Keep my gift Anonymous**

Help Each Other Project will periodically recognize our donors on our website and, potentially, in other formats, by publishing donor names and gift levels. Check here if you would prefer not to have your name published.

**\*We will email you a tax-deductible receipt once you gift has been received at our headquarters. If you not provide an email address, your receipt will be mailed.**