

 **Friendship Home**  
**Donation Form** P.O. Box 85358  
Lincoln, NE 68501-5358

**Personal Information** (Must be completed to receive proper credit and tax receipt)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email (to receive updates on how your gift is helping) \_\_\_\_\_

**Gift Information**

Please accept:

My gift of \$ \_\_\_\_\_

My monthly gift of \$ \_\_\_\_\_

My yearly gift of \$ \_\_\_\_\_

Please mail pledge reminders  monthly  quarterly  November

**Signature** \_\_\_\_\_

(required for monthly or yearly gift)

**Payment Information**

I will give by:

Check payable to *Friendship Home*

Credit Card

Account # \_\_\_\_\_

Card type \_\_\_\_\_ Expiration date (mo/yr) \_\_\_\_\_

Automatic Withdrawal

I authorize Friendship Home of Lincoln, on the 16th day of the month, to initiate debit entries of the amount indicated to my/our account and for my/our financial institution to debit this account for charitable donations. This authority is to remain in effect until Friendship Home of Lincoln has received written notification from me/us of its termination in such time to afford Friendship Home of Lincoln and my/our financial institution opportunity to act on it. **Enclosed is my/our voided check.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(required from all account holders for credit card or automatic withdrawal)

Online donation at [www.friendshiphome.org](http://www.friendshiphome.org)

Thank You!