



Donation Form

Yes, I want to be a part of Sabu Help: Helping the Poor to themselves

Your gift will help support rural poor people help themselves, by finding ways to produce food, earn an income, and raise healthy families.

To make your gift, call 541-805 -8036 or please fill out this form, then mail the form (with your check, money order, or credit card information) to our address below.

I'd like to make **12 monthly installment gifts** of: \$20 \$40 \$84* or \$ _____

OR I prefer to make a **single gift** of: \$100 \$250 \$500 \$1,000* or \$ _____

OR I prefer to make a **multi-year pledge*** of: \$100 \$200 or \$ _____ for _____ years

OR I will prefer to sponsor a family/ group/student/ individuals with a gift of \$100 \$250 \$500 \$1,000* or \$ _____

OR I've made my donation securely online at www.sabuhelp.org

OR Gift-in-Kind: Value: \$ _____ Description of Item(s) Received:

Payment Options

I've enclosed a check payable to Sabu Help (for a single gift or first pledge payment only).

OR I authorize Sabu Help to debit the following credit card: Visa Master American Express

Card No. _____ Expiration Date _____ / _____

Signature _____ Effective Date _____

OR I authorize Sabu Help to keep my credit card information on file for monthly donations.

Please send me an annual reminder for my multi-year pledge.

For monthly donations, a tax receipt for the total year's contribution will be sent by December of every year.

Donor Recognition wall*

For a monthly gift of \$50 or more, or a cumulative gift or pledge of \$500 or more, your name will appear on our donor wall.

I'd like my name to read as follows: _____

OR I prefer that my gift remain anonymous.

Please contact me: Phone _____ E-mail _____

During these days/times: _____

Privacy Policy: Sabu Help maintains donor's information is for the purpose of keeping you informed about the activities and achievements of Sabu Help and the poor. We do not share your personal information with any third party. We do not to sell or trade your personal information to anyone.

THANK YOU!

Sabu Help
P.O Box 912
La Grande, OR 97850
info@sabuhelp.org
www.sabuhelp.org
541-805-8036

Charitable Registration No. _____

For Sabu Help Use Only

Received By _____ Date: _____

Send Thank You Note! YES NO By _____ Date: _____

Transaction Status _____

Comments: _____

Sabu Help is a charitable organization under Section 501 (C) (3) of internal Revenue Code. Contributions are deductible as permitted by law.