



Heartway Foundation

A Nonprofit Charitable Organization

Donation Form

Thank you for your donation to Heartway Foundation. Please complete this form and mail to Heartway Foundation, 3748 74th Ave SE, Salem, OR 97317

Donation Information

Attached is a donation in the amount of: \$ _____ Date: _____

How did you hear about Heartway Foundation?

Why are you making a donation at this time?

Select a fund you wish your donation to go to:

- | | | |
|--|---|--|
| <input type="checkbox"/> RET Sessions & Training | <input type="checkbox"/> Veterans | <input type="checkbox"/> Career Training |
| <input type="checkbox"/> Abused Women | <input type="checkbox"/> Addictions Recovery | <input type="checkbox"/> Children with Autism |
| <input type="checkbox"/> Disabled Individuals | <input type="checkbox"/> Homeless | <input type="checkbox"/> Prisoner Rehabilitation |
| <input type="checkbox"/> Troubled Teens | <input type="checkbox"/> General Operating Fund | |
| <input type="checkbox"/> Other (please print): | | |

I wish to restrict this gift to (name of individual/organization):

Donor Information (Please type or print clearly)

Name: _____

Company/Organization: _____

Address: _____

City _____ State _____ Zip/postal code _____

Country _____ Phone _____ Email _____

Honor or Memorial Designation

This gift is (check one) In Memory of: In Honor of:

Name _____.

Please notify _____.

Address _____

City _____ State _____ Zip/postal code _____

Payment Method

- Certified/Cashier Check
- Money Order (payable to Heartway Foundation)

Thank you for your generous tax deductible* contribution.

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* Contributions to Heartway Foundation in the United States are tax-exempt to the extent provided by law.

Please read the Heartway Foundation privacy policy at HeartwayFoundation.org.