

Change hurt  
into **HOPE**



## I want to be a Sustainer!

Champions for Children Giving Society - \$84 or more per month (\$1,000 or more per year)

\_\_\_\_\_ I would like to make monthly donations of \$\_\_\_\_\_ by  ACH\* or  Credit Card\*

Hero of the House - \$25 to \$83 per month

\_\_\_\_\_ I would like to make monthly donations of \$\_\_\_\_\_ by  ACH\* or  Credit Card\*

Business & Corporate Sustainer Group - \$50 or more per month

\_\_\_\_\_ We would like to make monthly donations of \$\_\_\_\_\_ by  ACH\* or  Credit Card\*

### Donor:

Donor Name(s): \_\_\_\_\_ Type:  Business  Personal

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### Donation Amount:

\_\_\_\_\_ My check is enclosed, made payable to Liberty House.

\_\_\_\_\_ Please charge my Visa/MC/Discover/AMEX # \_\_\_\_\_ Exp. \_\_\_\_\_

\_\_\_\_\_ ACH: Please deduct my monthly gift automatically from my checking or savings account so 100% of my donation will go to Liberty House.

Attach a voided blank check or Acct# \_\_\_\_\_ Routing# \_\_\_\_\_

*\*Gift transfers will occur on or around the 10th of every month. This authorization will remain in effect until I notify Liberty House that I wish to change or cancel my donation.*

\_\_\_\_\_ Please contact me to discuss payment of my gift.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Please contact me about volunteer opportunities or attending a tour of Liberty House.

Special Comments (In Honor or Memory of; I'd like to remain anonymous; etc.):

Questions? Contact Adrienne at [achristian@libertyhousecenter.org](mailto:achristian@libertyhousecenter.org)

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