



Yes, I would like to help support Liberty House!

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*I would like to become a Sustaining Donor by giving monthly.*

### Gift Amount & Payment Information

Monthly Donation Amount:  \$5  \$10  \$25  \$50  \$75  \$100  \$150  \$250  \$ \_\_\_\_\_

Checking Account-ACH (Maximum giving impact)

Write a check for your first monthly donation

Enclose a blank voided check

Credit / Debit Card

Visa  MasterCard  Discover  American Express

Card# \_\_\_\_\_

EXP: \_\_\_\_/\_\_\_\_

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

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

--OR--

*I would like to make a one-time or annual gift.*

### Gift Amount & Payment Information

Donation Amount:  \$50  \$75  \$100  \$150  \$250  \$500  \$1,000  \$2,500  \$ \_\_\_\_\_

I would like to make this gift:  One-time  Annually

Cash / Check  Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

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

Special Comments (In Honor or Memory of, I'd like to remain anonymous, etc): \_\_\_\_\_

I am interested in volunteering.

I would like to take a tour.

Please contact me.

Please send to: Liberty House • 385 Taylor St. NE • Salem, OR 97301

LibertyHouseCenter.org • 503.540.0288

**THANK YOU!**

Liberty House is a 501(c)(3) organization, Fed. Tax I.D. #93-1236936. Your gift is tax deductible as permitted by law.