

# Healthy Connections, Inc.

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Mena, Arkansas 71953  
479-437-3454 *fax*

## *Donation Form*

### **Donor Information:**

**Bold** = required information      *Italic* = optional information

\_\_\_\_\_  
**Donor Name:**

\_\_\_\_\_  
*Alternate Phone Number:*

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

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Phone Number:**

\_\_\_\_\_  
**City, State, Zip:**

### **Gift Information:**

I would like to make a one-time gift.

This donation will be in my name.

**- OR -**

**- OR -**

I would like to make a recurring gift.

This is an honor / memorial donation.

*Frequency of payment:* \_\_\_\_\_

*Name:* \_\_\_\_\_

**This donation is to be used for the following program / service:** \_\_\_\_\_  
**OR as needed.**

### **Payment Information:**

**Donation Amount:** \$ \_\_\_\_\_

**Payment:**     Check     Credit Card

*Cardholder's Name:* \_\_\_\_\_

*Credit Card Number:* \_\_\_\_\_

*Credit Card Type:*     VISA     Mastercard

*Card Expiration Date:* \_\_\_\_ / \_\_\_\_

*Card Security Code (3 digits):* \_\_\_\_\_

***Thank You!!!***