



# Loving Hands Children's Home

## Donor Contribution Form

### ***Vision Statement***

Our vision is to maintain a reputation of honor and integrity while providing a world of compassion and excellence in growth and child care, with something positive to look forward to in each and every day.

### ***Mission Statement***

Our mission is to promote dignity and the highest esteem in our clients while providing safe and compassionate care. Our facility and care providers devote themselves to providing consistent, ethical and quality service. We believe that our service should exceed industry standards and reflect our benevolence and pride.

### **Donor Information**

(Please Print or Type)

#### **Name**

#### **Billing Address**

#### **City, ST Zip Code**

#### **Phone**

#### **Fax or Email**

### **Pledge Information**

I (We) pledge a total of \$\_\_\_\_\_ to be paid:

- Now    Monthly    Quarterly    Annually

I (We) plan to make this contribution in the form of:

- Cash    Check    Credit Card    Money Order    Other

- Non-Monetary Contribution**

**Credit Card Type**

**Credit Card Number / Exp. Date**

**Authorized Signature**

**Please use the following name(s) in all acknowledgements:**

**I (We) wish to donate our gift anonymously**

Please mail your completed form to:

**Loving Hands Children's Home  
P.O Box 48004  
Los Angeles, CA 90048  
Phone (424) 781-8194  
Tax ID# 46-5661758  
DUNS ACCT #079494982**

**(Please verify contribution information and sign prior to mail/ email/ or fax)**

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

This Organization is a 501 (c)(3) Nonprofit Organization. All Contributions/  
Gifts are Tax Deductible.