



# Donation Form

## Beyond Welfare

Where everyone has enough money, meaning and friends to thrive.

### Donor Information (please print or type)

Name	
Address	
City, State, ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

### Donation Information

This gift is for a total of \$ \_\_\_\_\_ to be paid:  
 \_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) make this contribution in the form of:

\_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ auto deduction from bank account.

(BW will contact you to set up auto deduction option upon receipt of this form.)

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation). Contact information for this match is: \_\_\_\_\_

### Acknowledgement Information

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

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**Beyond Welfare, Inc.**  
**130 S Sheldon Ave., Suite 302**  
**Ames, IA 50014**

*Thank You!*