

Grace Care Center Mail/Fax Gift Form

Please complete this form and send to VeAhavta by mail or fax.

The average cost for VeAhavta to:

Provide food, shelter, clothing, and medical care for a resident, plus education for a child or hospice care when needed for an elder - \$90 per month

Provide day care for a child from a displaced family - \$25 per month

Provide vocational training - \$35 per month

I. Type of Gift (Check all that apply, fill in amounts where appropriate)

I want to be a **Grace Sponsor**.

I will donate \$ _____ to support the children and elders at Grace.

Montly

Yearly

I want to be a **Child/Elder Sponsor**. (\$90 per child/elder per month)

I will provide support for _____ child(ren) or elder(s)

with a gift of \$ _____

Montly

Yearly

I want to be a **Partner In Grace**. (\$400 (monthly) or \$5000 per year)

I will donate \$ _____

Montly

Yearly

I want to help support **Grace Care Center with a one time gift**,

in the amount of \$ _____

I want to promote peace and reconciliation in Sri Lanka by supporting the **Hope Center** with a gift of \$ _____

My donation is a gift or a **memorial**.

(VeAhavta will send an acknowledgment of your gift or memorial - please complete the information form on the next page)

I would like to correspond with a:

child

elder

both

VeAhavta is committed to your privacy and security. We will not sell, trade, or rent any personal information you provide.

II. Payment

Enclosed is my check.

I prefer to pay by credit card

Name as it appears on credit card:

Credit Card No.:

Expiration Date:

Daytime phone number:

If you are becoming a sponsor:

I hereby authorize VeAhavta to charge my sponsorship gifts (check one):

on the 10th day of each month,

on the annual anniversary of this gift

to the credit card described above.

Signature

Date

I would like to make my gifts by Electronic Funds Transfer:

Electronic Funds Transfer (EFT) allows you to make your gifts regularly without writing a check. Your bank will automatically transfer the amount you specify. You will still receive a year-end tax receipt from VeAhavta as well as a record of your gift in your bank statement. To start, fill out and sign the EFT option below and return this form along with your first check payable to VeAhavta. Make sure that the check you send is from the account you wish to use for your automatic gifts. You may cancel or change your agreement at any time by calling VeAhavta at (734) 528-5793

I authorize an automatic Electronic Funds Transfer from my bank each month/year. This authorization will remain in effect until I notify VeAhavta that I wish to end this agreement, which I may do at any time. Enclosed is my gift by check made payable to VeAhavta for the first payment. Please transfer

my gift of \$ _____ on the (check one)
10th or the
20th of each month,
beginning next month; or

on the annual anniversary of this payment, beginning in 2010.

Signature:

Date:

Daytime Phone Number:

III. Donor Information

Name:

Email Address:

Daytime Phone Number:

Street:

City:

State:

Zip Code:

IV. In Honor of/Memorial Gift

I am making this gift in honor of:

Address of Honoree:

I am making this gift in memory of:

Address to which acknowledgment should be sent:

Thank you again for your generous support!

Please return this form to:

VeAhavta
3145 Clark Rd., Suite 401,
Ypsilanti, MI, 48197

Phone: 734 528-5793

Fax is 734 528-5701