

GIVING FORM

You can share in our commitment to empower individuals, families, and communities to improve their quality of life and to influence public policy through the design and implementation of innovative, efficient, effective, and accountable behavioral health, social service, education, and economic development programs.

When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Human Resources Development Foundation. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.



Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a Donation Memorial Gift Honor Gift Anonymous Donation

In Memory/Honor of: _____

As a: Monthly Gift **OR** Annual Gift **OR** One-Time Gift

On the: 1st of the month **OR** 15th of the month


Start Date: Month/Year: _____ / _____

In the amount of: \$5.00 \$10.00 \$15.00 \$20.00
 \$25.00 \$50.00 \$100.00 \$ _____ Other Amount (\$5.00 minimum)

Please apply my gift to:

<input type="checkbox"/> General	<input type="checkbox"/> Substance Abuse Programs
<input type="checkbox"/> Mental Health Programs	<input type="checkbox"/> Youth Prevention/Services
<input type="checkbox"/> Gambling	<input type="checkbox"/> Capital Improvement
<input type="checkbox"/> Intellectual/Development Disabilities Programs	<input type="checkbox"/> HRDF Textbook Scholarship
<input type="checkbox"/> The Frank Juzang Jr. Endowment Fund	<input type="checkbox"/> The Dr. C. Vincent Bakeman Endowment Fund
<input type="checkbox"/> The Frank Juzang Jr. Endowment Fund	<input type="checkbox"/> Dr. Terra Thomas & Dr. Ollie M. Knight Endowment Fund

Enclosed is a voided check OR credit card information. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.hrdi.org or by contacting Human Resources Development Foundation by phone or mail. All donations provided to Human Resources Development Foundation originating as ACH transactions comply with U.S. Law.

 Credit Card Number _____ Expiration Date _____ / _____

Signature _____ (Required) Date _____

KEEP THIS PORTION FOR YOUR RECORDS

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