

# Harbor House Domestic Abuse Programs Donation Form

Name: \_\_\_\_\_ Age (optional): \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_ Age (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home or cell phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

Does this employer have a company gift matching program?  yes  no

Spouse's Employer (if applicable): \_\_\_\_\_

Does this employer have a company gift matching program?  yes  no

Please check all that apply below:

\$25  \$50  \$75  \$100  \$250  other \$\_\_\_\_\_

Please keep my name anonymous.

Please send me in-kind giving information (a.k.a. "monthly needs list").

Please call me regarding a gift of stock or real estate.

Please send me information about giving through my estate.

Please send me information about volunteer opportunities at Harbor House.

Make checks payable to: **Harbor House Domestic Abuse Programs**

Mail to:

Attn: Beth Schnorr  
720 W. Fifth St.  
Appleton, WI 54914

Questions? Please call Development Coordinator Maria Turner at (920) 955-9119  
or send an e-mail to her at [fundraising@harborhousedap.org](mailto:fundraising@harborhousedap.org).



**Haven. Help. Hope.**