

HIS little feet Donor Response Form

Date: _____

Primary Contact Person

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Home Phone: _____ Preferred Phone

Cell Phone: _____ Preferred Phone

Work Phone: _____ Preferred Phone

Preferred Email: _____

Email Type: Personal Business

I am enclosing my gift in the amount of:

\$20 \$50 \$100 \$500 \$1,000 \$10,000 \$50,000 \$100,000 Other: \$ _____

Please select your method of payment:

Check - Please make checks payable to *His Little Feet*

For a one-time gift with a check:

Enclosed is my one-time check gift, made out to *His Little Feet*, of \$ _____

Cash

For a one-time gift with cash:

Enclosed is my one-time cash gift of \$ _____

Credit/Debit Card

For a one-time gift with a credit/debit card:

I authorize *His Little Feet* to bill my one-time gift amount of \$ _____ to my credit/debit card.

Card Type: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____ CCV# _____

Name on Card: _____

Signature: _____

For recurring monthly gifts – with a credit/debit card:

I authorize *His Little Feet* to bill my recurring gift amount of \$ _____ to my credit/debit card once each month.

Card Type: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____ CCV# _____

Name on Card: _____

Signature authorizing recurring monthly giving: _____

**Once form is complete, please send with your method of payment to:
*His Little Feet, 1555 Main St., Suite A3-290, Windsor, CO 80550.***

On behalf of His Little Feet and the many children that will be impacted by your gift, we want to say THANK YOU.

His Little Feet is a 501(c)(3) Organization #27-1258258 (Colorado nonprofit corporation - IRS exempt approval in process)