Sara's Garden Donation Pledge Card

Sara's Garden strives to provide hope to families by offering a different approach to a brighter future.

We urge you to consider sponsoring a family in need of Hyperbaric Oxygen Therapy and/or Conductive Education. When you sponsor a family, you partner with Sara's Garden in providing hope and changing lives.

Please complete this card and return it with your gift to:
Sara's Garden • P.O. Box 150 • Wauseon, OH 43567
You may also fax in your completed card to: 419.335.5564

Name: _____

Address: _____

Address 2: _____

City: _____ State/Prov.: _____

Postal Code: _____ Country: _____

Phone: _____

Email Address: _____

Method: ○ Check ○ Visa ○ MCard ○ Discover ○ AmEx

Card Number: _____

Exp. Date: _____ CSC: _____

Signature: _____

Signature authorizes charge on credit card.

Sara's Garden is a 501(c)(3) organization. Your charitable contribution is tax deductible under 501(c)(3) of the IRS code, to the extent allowed by law. A receipt will be sent to you after your pledge has been received to use for tax purposes.

Thank you for your support of Sara's Garden.

Sara's Garden
419.335.SARA • www.sarasgarden.org
620 West Leggett Street • Wauseon, OH 43567

Make a Difference

For as little as $1 per day, you can make a difference in the life of a family with a child with special needs.

○ One-Time Contribution Amount: $_____

○ Twelve Month Pledge

- ○ $30 per Month ($360 per Year) Bronze Family Sponsorship
- ○ $60 per Month ($720 per Year) Silver Family Sponsorship
- ○ $100 per Month ($1,200 per Year) Gold Family Sponsorship
- ○ $400 per Month ($4,800 per Year) Platinum Family Sponsorship
- ○ Other: Please charge my credit card once a month for twelve consecutive months in the amount of $_____ for a total donation of $_____.

Naming Recognition Options

Honor someone who encouraged you...
Recognize someone who taught you...
Pay tribute to someone who inspired you...

○ My contribution is in honor of:

Name: _____

If this gift is intended for a naming designation, please specify exact spelling of name for recognition (including gifts in memory of or in honor of a chosen party).

Address: _____

City/State/Zip: _____

If you would like an acknowledgement sent to the individual or family, please be sure to include their mailing address above.

○ I wish to remain anonymous

○ Please send me information about including Sara's Garden in my estate plans.

You may also make a secure online donation with a debit or credit card through PayPal on our website at www.sarasgarden.org.

HOPE. HELP. HEALING.