

Printable Donation Form



Yes, I would like to help support Liberty House!

Contact Information

Name: _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Gift Amount & Duration

Donation Amount: \$ _____ One - Time OR

Donation Amount: \$ _____ per month for _____ year(s) starting on ____/____/____.

Gift Information

In Honor of _____

In Memory of _____

Please Notify _____

Address _____

Payment Information

Cash / Check Credit / Debit Card

Card Type: Visa MasterCard Discover

Card Number: _____

Exp. Date: _____

Signature: _____

Please sign here after you print

I would like to Volunteer

Please print the form and send to: Liberty House, 2685 4th St. NE, Salem OR 97301
If you are paying by credit or debit card, **please remember your signature after printing.**

Thank You!

Liberty House is a 501(c)(3) organization, Fed. Tax I.D. #93-1236936.
Your gift is tax deductible as permitted by law.