

***DONATION FORM***

**YES, I would like to help meet the needs of My Father's Home:**

**With my monthly gift of:**

\$25.00

\$50.00

\$100.00

**With my one time gift of:**

\$ \_\_\_\_\_

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Name

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Address

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Phone

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Email

Method of Payment:  Check     Automatic Monthly Withdrawal\*

\*we will contact you to set up automatic monthly withdrawal payments.

Make checks payable to: My Father's Home

Please mail this response form to:

My Father's Home  
P.O. Box 738  
Snohomish, WA 98291-0738

***Thank you for your support!***