



19362 West Shelton Road, Hammond, LA 70401
Ph. (985) 345-6269 • Fax (985) 345-0297 • www.Options4u.org

DONATION FORM

CONTACT INFORMATION

Name/Contact: _____

Business: _____

Mailing Address: _____

Phone: (_____) _____ Email : _____

DONATION INFORMATION

Total Amount of Donation: \$ _____

Type of Donation: One-Time 1-yr. Pledge of \$ _____/Month

Method of Payment:

Check
(Payable to OPTIONS)

Credit Card Information:

Name (as it appears on Credit Card): _____

Credit Card Number: _____ Expiration Date: ____/____(mm/yr)

Signature: _____

This donation is In Memory Of In Honor Of _____

Please send acknowledgement to: _____

I would like my gift to be used towards one of the following:

- To support OPTIONS general needs
- To support OPTIONS SAFE HAVEN
- To support an endowment fund to ensure the future of services for people with disabilities

WAYS YOUR CONTRIBUTION CAN HELP OPTIONS GENERAL NEEDS:

\$30 provides a day of Vocational Services to help an adult with a disability work in the community.
 \$50 provides four hours of Family Support from a trained professional who assists a person with a disability to remain at home with family.
 \$100 provides eight trips for a person with a disability to and from work, doctors appointments, grocery trips, etc.
 \$600 provides a month of Vocational Training needed for someone to work in the community.

How did you hear about OPTIONS?

- Radio Station _____
- Television Channel _____
- Newspaper _____
- Friend or Family Member _____
- Billboard _____
- OPTIONS Employee _____
- Web Search Engine _____
- United Way _____
- Other _____