

Sponsorship/Donation Form

Donate online today!* www.sahaitha.org

Ph: Day: (925) 372-2000 ext. 5801/5782 | Evening: (510) 333-1488

Mail completed form to:

3781 Monte Sereno Tr.

Fremont, CA 94539, USA

**Please note that online donations cost Sahaitha a 3% transaction fee. Consider using this form to mail in your donation since 100% of it will go directly to the needy.*



Sahaitha

a helping hand

I. CONTACT INFORMATION

Name:

Address (include zip code):

Phone (cell):

Phone (home):

Phone (work):

E-mail Address:

II. PROGRAM OPTIONS

Note: Please fill out boxes below for programs you wish to donate to. See example below. If not sure, choose "General Donation."

| DONATION TYPE | PAYMENT OPTIONS | FREQUENCY | AMOUNT | QUANTITY | TOTAL (Amount x Quantity) |
|---|--------------------------|-------------------------------|------------------|----------|------------------------------|
| <i>Example Donation</i> | <i>Any Amount</i> | <i>One Time Only</i> | <i>\$ 100.00</i> | <i>2</i> | <i>\$ 200.00</i> |
| General Donation | Any Amount | One Time Only | \$ | | \$ |
| General Donation | Any Amount | Monthly Billing (12 Payments) | \$ | | \$ |
| Gift of Hope Program: | | | | | |
| Sponsor a Child | Fixed—1 Year, \$12/mo | Monthly Billing (12 Payments) | \$ 144.00 | | \$ |
| Sponsor a Child | Fixed—1 Year, \$125/yr | Yearly Billing (1 Payment) | \$ 125.00 | | \$ |
| Sponsor a Child | Fixed—2 Years, \$12/mo | Monthly Billing (24 Payments) | \$ 288.00 | | \$ |
| Sponsor a Child | Fixed—2 Years, \$250/2yr | Yearly Billing (1 Payment) | \$ 250.00 | | \$ |
| Teaching Aid | Any Amount | One Time Only | \$ | | \$ |
| Sponsor a Treatment | \$100 or above | One Time Only | \$ | | \$ |
| Gift of Vision Program: <i>Sutureless eye surgery with intra-ocular lens</i> | | | | | |
| Gift of Vision | \$65 per Eye Surgery | One Time Only | \$ 65.00 | | \$ |
| <i>Add all the dollar amounts from the "Total" columns on the right and enter the amount here.</i> Grand Total | | | | | \$ |

III. PAYMENT OPTIONS

CHECK: Please choose one of the two payment options below. Make check payable to: *Sahaitha Inc.*

One Time Only Payment?
Please fill out check and attach it to this form.

Monthly or Yearly Payments?
Please write VOID on your check and attach it to this form.

CREDIT CARD: Please fill out all of the information below.

Visa/MasterCard

Amex/Discover/Other

Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Security Code (CSC): ____ _

Billing Address (*if different than above*):

Signature :

Today's Date :