

DONATION FORM

Mahalo for your generous donation! Your gift will directly help those in need of mental health services, regardless of their ability to pay. With your help, we can strengthen our community's well-being and resilience. Samaritan Counseling Center Hawai'i is a 501(c)(3) nonprofit organization, tax ID 99-0250073. Your charitable contribution is tax-deductible to the extent provided by law.

Name(s) or Organization:	
Contact Name (if Organization):	
Address:	
Telephone:	
Email:	
Who I Am:	☐ Individual ☐ Business ☐ Clergy/Church/Congregation ☐ Board/Staff ☐ Partner Organization ☐ Other
Why I Give:	☐ Client Assistance Fund ☐ Endowment Fund ☐ Unrestricted
☐ I would like to join Samaritan Counseling Center Hawaii's mailing list.	
☐ I would like to help with a monetary donation of \$ ☐ Cash ☐ Check # (payable to "SCCH") ☐ Credit Card	
Name on Card:	
Mastercard/Visa #:	
Expiration Date:	CVV # (on the back of the card)
Signature:	
☐ I would like to help with a gift of goods or services.	
Qty Unit Description (in	clude any restrictions) Est. Value
	, =====================================
☐ I will mail or drop off my donation(s). ☐ Please contact me to pick up my donation(s).	