



Deadline 1/27/23

**Long-Sleeve
\$25**



**\$30
Hoodie**

Apparel Donation Form

464 S. 4th Street Danville, KY 40422

Ph# 859-236-9282

Email: havencarecentralky@gmail.com

Website: havencarecenter.org

Donor Name(s) _____

Mailing Address _____

City, ST, ZIP _____

Phone Number _____

Email _____

T-Shirt/Hoodie/Crew/Long Sleeve (Please Circle) Size: _____ Color: _____

T-Shirt/Hoodie/Crew/Long Sleeve (Please Circle) Size: _____ Color: _____

T-Shirt/Hoodie/Crew/Long Sleeve (Please Circle) Size: _____ Color: _____

T-Shirt/Hoodie/Crew/Long Sleeve (Please Circle) Size: _____ Color: _____

T-Shirt/Hoodie/Crew/Long Sleeve (Please Circle) Size: _____ Color: _____



**\$25
Crewneck**



**\$20
T-Shirt**



*Heliconia not available in Long-Sleeve

ADULT SIZES: S M L XL XXL XXXL

Suggested donations for the T-Shirt are \$20; and \$25 for the XXL-XXXL sizes.
Suggested donation for the Crewneck and Long Sleeve are \$25; and \$30 for the XXL -XXXL sizes.
Suggested donation of \$30 for the Hoodies and \$35 for XXL-XXXL sizes.

Option 1: ONE TIME DONATION

My donation today is: \$20.00 \$25.00 \$30.00 \$35.00 Other \$ _____

I am paying with cash.

Credit/Debit Card: Card # _____ Exp Date (MM/YYYY) _____ Security Code: _____

Signature _____ Date: _____

I have enclosed my check.

Option 2: MONTHLY DONATION

I would like to make a monthly donation of \$ _____ using my

Checking account (enclosed is a voided check) or ABA/Routing # (9 digits): _____
Banking Acc # _____

Credit/Debit Card (Visa, MC, Amex, Discover Accepted) (use card info above)

Monthly authorization: Please transfer my monthly donation from the selected account on the 1st or 15th (Please Circle One) of each month. I understand this agreement is the same as signing a check each month and I may change it at any time by directly contacting Haven Care Center

All Gifts to Haven Care Center are tax-deductible