



# ORCHARD PLACE

## Giving to Orchard Place

To make a gift to Orchard Place, please fill out the form below and mail it with your donation to:

Orchard Place  
2116 Grand Avenue  
Des Moines, Iowa 50312

### Donation

Gift Amount \_\_\_\_\_

If your donation is restricted, please indicate for what purpose or event:

\_\_\_\_\_

Yes! I'd like to become a "Friend of Children" with my gift to Orchard Place.

### Your Information

E-Mail \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Please enter at least one phone number.

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Memorial/Tribute Gift

Yes! I'd like to make my donation a memorial/tribute gift. (optional)

Please notify the following person that this gift has been made:

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

### Credit Card (optional)

Mastercard  Visa

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_