



Helios Care

COMPASSION, CHOICES & DIGNITY

Completed forms may be returned to the following address:

Helios Care
297 River Street Service Road, Suite 1
Oneonta, NY 13820

DONATION FORM

DONOR INFORMATION:

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DONATION INFORMATION:

AMOUNT OF DONATION: \$ _____

METHOD (CIRCLE ONE) CASH CHECK (PAYABLE TO HELIOS CARE) CREDIT CARD MONEY ORDER

CREDIT CARD TYPE (CIRCLE ONE) VISA MC DISC AMEX

CARD#: _____

EXP DATE: _____ / _____ SECURITY CODE (BACK/FRONT OF CARD): _____

DONATION IS:

IN MEMORY OF: _____

IN HONOR OF: _____

PLEASE SEND NOTIFICATION OF THIS GIFT TO:

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____