

DONATION FORM

To make a gift by mail, please complete and return this form to:

FARMSAHEL INC.
50 Harrington Street
Bergengield, NJ 07621

Donor Information

First Name _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

☐ Yes, I would like to receive online communications from FARMSAHEL INC

☐ I would like to make this donation anonymously*

Gift Amount (please check one)

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other Amount: _____

Payment Options

☐ I have enclosed a check (please make checks payable to FARMSAHEL INC)

☐ Please charge my credit card

Card Type: ☐ Visa ☐ MasterCard

Card Number: _____ Expiration Date (MM/YY): _____

Signature: _____ Security Code: _____

Honor/Memorial Gifts

If you would like to make your gift in honor or memory of someone, please complete the information below.
If you would like us to send them an acknowledgment, please include their email address.

Honoree Information

Title: _____ First Name: _____ Last Name: _____

Email Address: _____

Honoree Message _____

Thank you for supporting NFID!

FARMSAHEL is a non-profit 501(c)(3) organization and your gift may qualify as a charitable deduction for tax purposes.

*Donors may be listed on the FARMSAHEL Donor Honor Roll as a public expression of our appreciation unless you indicated above that your donation should be anonymous.