



NHHI Donation Form

Please complete and print this form to send a donation to **“Naomi’s Helping Hand Inc.”**

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone Number: _____

Donation amount: \$ _____

I prefer to make my donation by:

Check

Credit Card (please select card type): Visa MasterCard Discover AmEx

Number _____ Exp. Date _____ Card Security Code _____

Signature _____

Please mail this form and your donation to:

Naomi’s Helping Hand Inc.

PO Box 870896

Stone Mountain GA 30087

Thank you for your gift!