



General Donation Form

Name: _____

Address: _____

Phone: _____

Email Address: _____

Amount of Gift: _____

Designation of Gift: _____ Sponsorship for _____.

(example: Levi - CR2)

_____ Camp Development Project

_____ General Ministry Needs

If the gift designation is left blank, the gift will be used at the discretion of the Livada Staff for ministry needs.

This is a one time gift.

This is an annual gift. Please remind me when renewal time approaches.

This is a monthly gift.

Giving Options:

1. Fill out this form and email it to sharon@livada.org and give online through PayPal.
2. Send this form in with a check.
3. Send in this form with permission to charge your Credit Card (Use the Electronic Donation Form or call Sharon in our business office (707-838-2131) with your credit card information.)

Mail this form to: Livada Orphan Care
P.O. Box 1771
Windsor, CA 95492