



## Donation Form

Yes, I would like to financially support adolescent and teen moms through Help A Sister Out, Inc.

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_

I will contribute \$\_\_\_\_\_, through a:

One-time cash gift via check or money order.

Three year pledge, with semi-annual or annual installments.

Please make your check payable to **Help A Sister Out**  
and return your gift, with this pledge form, to the following address:

Help A Sister Out, Inc  
Attention: Nicole Porter  
5848 Bankhead Hwy Ste H  
Douglasville, GA 30134

I/We wish my/our name(s) to be listed on the Help A Sister Out website as follows:

\_\_\_\_\_

I/We wish to be listed as "Anonymous."

I would like to find out more about Help A Sister Out and my giving options.

Please call me at (\_\_\_\_\_) \_\_\_\_\_

I would like Help A Sister Out to send information to my home address noted above.

**Thank you.** Through your donation, you have made a major impact on recognizing and supporting adolescent and teen moms in our community.

Help A Sister Out, Inc  
C/O Nicole Porter  
5848 Bankhead Hwy Suite H, Douglasville, GA 30134  
Phone: 678-983-4555  
Web: [www.HASOFoundation.org](http://www.HASOFoundation.org)