



SABH Foundation Donation Form

Capital Funding (Assisted Living Construction)		
<input type="checkbox"/> \$20,000	Facility Donor – Sponsor rooms at the Assisted Living & get a personalized plaque of recognition to be displayed. Please contact our office for more info at 925-356-0122 on <i>general facility sponsorship</i> .	
<input type="checkbox"/> \$10,000	Founding Donor and get your name(s) inscribed on the “Golden Wall of Founders”	
<input type="checkbox"/> \$5,000	Founding Donor and get your name(s) inscribed on the “Silver Wall of Founders”	
<input type="checkbox"/> \$1,000	Founding Donor and get your name(s) inscribed on the “Wall of Founders”	
<input type="checkbox"/> Other	\$ _____	
Choose a Facility Project		
<input type="checkbox"/> Concord Facility	<input type="checkbox"/> Dinuba Facility	<input type="checkbox"/> Future Contra Costa Facility
<input type="checkbox"/> Galt facility	<input type="checkbox"/> Clovis Facility	<input type="checkbox"/> Any Future Facility
Special request – e.g. Donation in name of:		

Homeless Project (& Other Services Donations)	
<input type="checkbox"/> \$3,000	Help us feed 50 homeless today. [3 meals a day]
<input type="checkbox"/> \$1,500	Help us feed 25 homeless today. [3 meals a day]
<input type="checkbox"/> \$360	Help us clothe 5 homeless today. [clean shirt, pants, socks]
<input type="checkbox"/> \$200	Help us give out blankets to 7 homeless today.
<input type="checkbox"/> \$50	Help us provide social service assistance to 10 homeless today.
<input type="checkbox"/> \$20	Help us afford ad fees.
<input type="checkbox"/> Other	\$ _____
With you help we can sponsor food, blankets, and clothing to as many homeless individuals as possible. Please, make a contribution today. It will be greatly appreciated it.	

Payment:	<input type="checkbox"/> Check (Payable to SABH Foundation Inc.)	<input type="checkbox"/> Credit Card
Amount: \$ _____		
Credit Card # (Visa/Master/Amex) _____		Exp Date: ____/____/____
<small>(Call our Main Office @ 925-356-0122 for Installment Plans)</small>		
First Name: _____	Last Name: _____	Spouse: _____
Address: _____		
City: _____	State: _____	Zip: _____
Phone #: _____	Email: _____	
Signature: _____		Date: ____/____/____
<input type="checkbox"/> I would like to volunteer		

My employer will match my donation. Employer: _____

Online Donation: www.sabhfoundation.org

Car Donation: email to cardonating@yahoo.com

Stocks, Payroll, Bank Transaction etc: contact M . O . at sabhfoundation@yahoo.com or 925-356-0122

How did you hear about us? Newspaper/Magazine: _____ TV: _____

Online (sabhfoundation.org): _____ Other: _____

Mail to: SABH Foundation Inc. 3308 Concord Blvd, Concord, Ca 94519