

Supporter Contribution Form



Supporting beautiful smiles, life enrichment and community inclusion since 1963.

Contact Information

First and Last Name _____ Phone _____

Email _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Monthly Donation

I would like to **become a member of Shangri-La's Better Together Giving Community.**

Total Monthly Donation:

\$10 \$25 \$50 \$100 \$150 Other: _____
on the: 1st / 15th / 25th of each month

I would like to **increase my monthly donation** by:

\$5 \$10 \$20 \$50 \$100 Other: _____

Signature below authorizes Shangri-La to process the monthly donation until donor notifies Shangri-La of discontinuation.

One-Time Donation

I would like to make a **one-time, meaningful contribution** of:

\$10 \$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$ _____

Other Ways to Show Your Support

I want to receive the Shangri-La **newsletter**. I want to **host a donation drive to collect supplies**.

I'd like to **volunteer**. I want to **learn more** about: _____

Payment Details

My **check** made payable to Shangri-La is enclosed.

Establish an **ACH transaction** using the voided check enclosed.

Please charge my **credit/debit card**: Visa Master Card Discover

Name as it appears on card: _____

Address associated with card **if different than above**:

City _____ State _____ Zip Code _____

Card # _____ Exp. Date ____/____ **Signature**: _____

SLA Employees: I authorize a **payroll deduction** equalling half of the total monthly donation noted above.

Make a secure, online donation at
www.ShangrilaOregon.org



Mail form to: Shangri-La, Attn: CET, 4080 Reed Road SE #150, Salem, Oregon 97302.

Shangri-La is a 501 (c) (3) organization; tax ID #93-0509414. Shangri-La reserves the right to appropriate donor contributions to the organization's greatest need, at any time, as a means of attaining mission stability, unless expressed in writing by the donor to: community@shangrila-or.org.