

GRANTS PASS ASSOCIATION OF REALTORS ®
AND
FRIENDS OF THE FAMILY HOUSE
"SPONSOR A NIGHT"
Donation Request

A \$40.00 contribution to "The Family House" will give one family a night stay to be close to their loved ones in the hospital. "A Home away from Home"

Name: _____ Email: _____

Address: _____
City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Yes, I want to join the Friends of the Family House. Here is my gift.

_____ **\$40.00 (equal to cost of 1-night stay)**

_____ **Other: \$ _____ (any amount is appreciated)**

I wish to fulfill my commitment via: (* - required with credit card)

Cash/Check Visa Master Card American Express Discover Card

If you prefer to charge your gift to a credit card, complete the information below

*Card #: _____ *Expiration Date: _____

*Verification Code: _____ (required -back of your credit card - A.E front of card)

*Billing Address: _____ City/State/Zip: _____

*Signature: _____ *Phone Number: _____

Please make check payable to "Asante Foundation" (Tax ID 93-6087366)

Mail or Drop off:

Attention: Golf Committee – The Family House – 407 SW Ramsey, Grants Pass OR 97527

May we hang a heart in the Family House with your name to signify you have joined the "Sponsor a Night" program? If so, give us your permission by signing your name below.

Name only please: _____