SAVE A FAMILY PLAN

IN INDIA SINCE 1965

Thank you for your gift to Save A Family Plan! Because of your generosity, families in India will be supported as they strive toward their goal of empowerment and self-sufficiency.

You can contribute in the following ways:

- Online: Please visit **www.SAFP.org** and click the donate button
- Mail: Please return your gift with the portion below
- Email: Please complete the fillable portion below and email to **info@safp.org**
- Phone: Please contact our office toll-free at 1-855-333-1115

Please note that, if you are eligible for a tax receipt, we will issue an **annual, consolidated receipt in time for tax season**. If you require your receipt immediately, please contact our office by email at **info@SAFP.org** or call us toll-free at **1.855.333.1115.**

Canada: Save A Family Plan, c/o St. Peter's Seminary, 1040 Waterloo St, London, ON N6A 3Y1 **|** Registration No: 11914 1943 RR0001
USA: Save A Family Plan, PO BOX 610157, Port Huron, MI 48061 **| EIN**: 98-600-4051

PARTNERING WITH THE POOR FOR A JUST WORLD

✂ If sending by mail, please return this portion with your payment

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Yes, I wish to partner with the poor in India!

Contact Information

Name: _____

Full Address: _____

Primary Phone: _____ Email: _____

Have you donated to SAFP before: ☐ No, this is my first donation! ☐ Yes! SAFP Number: _____

I prefer SAFP correspondence by: ☐ Email (reduces costs and environmental impact) ☐ Mail

Renewing Support

Partner with a Family (Family Development Program=$25/mth or $300/yr, 1800 for 6 years)

Annual Support: **$300** x # of families you wish to support
Monthly Support: **$25** x # of months x # of families you wish to support

Community Development Programs (helping entire communities thrive) **Most Urgent Needs**

Other (please specify): _____

		Automatic Giving?
	$_____	☐ Recurring Yearly
	$_____	☐ Recurring Monthly
	$_____	☐ Yearly ☐ Monthly
	$_____	☐ Yearly ☐ Monthly
	$_____	☐ Yearly ☐ Monthly
TOTAL:	$_____	

☐ I authorize **automatic recurring** payments as selected above. Signature: _____

Payment Method

☐ **Cheque/Check** (payable to Save A Family Plan): *Please send VOID cheque for recurring giving*

☐ **E-Transfer (Canada only): *etransfer@safp.org***

☐ **VISA /** ☐ **MasterCard** (fill in below info): *If checked above, SAFP will set up recurring credit card charges*

Cardholder Name: _____

Card Number: _____

Expiry Date _____ /_____ CVV (required) _____

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