

YES

I would like to carry out the North Country tradition of "Caring for Our Own" by making a donation to the Society of the United Helpers.



SOCIETY OF THE UNITED HELPERS

Dedicated to Quality Care

Society of the United Helpers Development Office
732 Ford Street, Ogdensburg, NY 13669-1795
(315) 393-3074 Ext. 230

Donor Name(s) _____

Address _____

Phone _____ E-mail _____

GIVING BY CHECK Please make your check payable to: Society of the United Helpers

PLEDGE:

I wish to pledge a total of: \$ _____ over the next _____ year(s).

Please send me pledge reminders beginning _____, according to the following schedule:

- Monthly Quarterly Semi-annually Annually

DONATION:

Enclosed is my donation of: \$ _____ (amount)

Please designate my gift for: (check one)

- Capital Campaign (Maplewood Project) General Fund (Endowment & Annual Support)

Optional: This gift is: In memory of _____

In honor of _____

Please contact me for major gift naming opportunities

All gifts are tax deductible. An acknowledgment will be sent for your records.

GIVING BY CREDIT CARD

Did you know that giving to the Society of the United Helpers just got easier?

You may now make your donation using your credit card!

Why use your credit card to make your contribution?

- Easy and convenient
- No checks to write
- Automatic monthly contributions
- Affordable—increase your overall tax-deductible donation by giving smaller amounts on a monthly basis

I would like to make a "one-time" donation using the convenience of my credit card!

- MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: (month/year) _____

Donor name as it appears on card: _____

Donor Signature _____

Or, if you prefer, we also have a monthly giving club available:

Yes! I would like to join the Alzina Milligan Monthly Giving Club!

I authorize the Society of the United Helpers to charge my credit card on a monthly basis beginning _____.

I understand that I can stop my deduction at any time by notifying the development office that I wish to do so. I also understand that I will receive an annual giving report for tax purposes.

- MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: (month/year) _____

Please check one:

Monthly Amount Charged	Annual Giving Amount
<input type="checkbox"/> \$10 Month	\$120 Annual Giving
<input type="checkbox"/> \$12 Month	\$144 Annual Giving
<input type="checkbox"/> \$15 Month	\$180 Annual Giving
<input type="checkbox"/> \$20 Month	\$240 Annual Giving
<input type="checkbox"/>	Other (Please Specify)

Donor Name _____

Donor Signature _____

Who is Alzina Milligan?

Alzina Milligan was our first "caregiver". She was the first matron of the United Helpers orphanage in 1898. She was known for having a warm, motherly heart and a sterling character. She often went into the countryside in her horse and buggy to solicit produce and canned goods for the children at the home.