

Sara's Garden strives to provide hope to families by offering a different approach to a brighter future.

We urge you to consider sponsoring a family in need of Hyperbaric Oxygen Therapy and/or Conductive Education. When you sponsor a family, you partner with Sara's Garden in providing hope and changing lives.

Please complete this card and return it with your gift to:

Sara's Garden • P.O. Box 150 • Wauseon, OH 43567

You may also fax in your completed card to: 419.335.5564

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Method:  Check  Visa  MCard  Discover  AmEx

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature authorizes charge on credit card.

Sara's Garden is a 501(c)(3) organization. Your charitable contribution is tax deductible under 501(c)(3) of the IRS code, to the extent allowed by law. A receipt will be sent to you after your pledge has been received to use for tax purposes.

Thank you for your support of Sara's Garden.

Sara's Garden

419.335.SARA • www.sarasgarden.org  
620 West Leggett Street • Wauseon, OH 43567



## Make a Difference

For as little as \$1 per day, you can make a difference in the life of a family with a child with special needs.

- One-Time Contribution Amount: \$ \_\_\_\_\_
- Twelve Month Pledge
- \$30 per Month (\$360 per Year)  
Bronze Family Sponsorship
- \$60 per Month (\$720 per Year)  
Silver Family Sponsorship
- \$100 per Month (\$1,200 per Year)  
Gold Family Sponsorship
- \$400 per Month (\$4,800 per Year)  
Platinum Family Sponsorship
- Other: Please charge my credit card once a month for twelve consecutive months in the amount of \$ \_\_\_\_\_ for a total donation of \$ \_\_\_\_\_.

### Naming Recognition Options

- Honor someone who encouraged you...  
Recognize someone who taught you...  
Pay tribute to someone who inspired you...

- My contribution is in honor of:

Name: \_\_\_\_\_

If this gift is intended for a naming designation, please specify exact spelling of name for recognition (including gifts in memory of or in honor of a chosen party).

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If you would like an acknowledgement sent to the individual or family, please be sure to include their mailing address above.

- I wish to remain anonymous
- Please send me information about including Sara's Garden in my estate plans.

You may also make a secure online donation with a debit or credit card through PayPal on our website at [www.sarasgarden.org](http://www.sarasgarden.org).

**HOPE. HELP. HEALING.**