



Yes, I want to help launch Home Base!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

**Please complete your donation information
on the back of this card or online at www.sbtp.org/give**

I commit to supporting Home Base over the next 3 years with:

- ☐ A one-time gift of
\$ _____
- ☐ An annual gift of \$ _____
per year for the next 3 years
(Total = gift x 3)
- ☐ A monthly gift of \$ _____
per month for the next 3 years
(Total = gift x 36)

- ☐ My check is enclosed
- ☐ Charge my credit card
 - ☐ Visa ☐ MasterCard ☐ Discover
 - Card No: _____
 - Security Code: ____ Exp. Date: ____/____
- ☐ I will give online at www.sbtp.org/give

Please contact me because:

- ☐ I'm interested in providing
in-kind services or goods
- ☐ My business would like to
sponsor one of the rooms in
Home Base
- ☐ My organization would like to
host a speaking engagement
with Leslie to help raise
support for Home Base

Thank you! Your gifts make healing possible.