

**SERVING HANDS, INC.
GIFTING PROGRAM**

Criteria – Anyone living in Iowa

Name _____ Date _____

Contact Info _____

Purpose of Gift _____

Amount Requested _____

How will this gift make a difference in your life? _____

If you were referred to Serving Hands Inc., please give the name of the person and/or the organization that referred you. _____

A response will be provided within 15 days of our receipt advising whether or not we can grant the donation request.

P.O. BOX 172
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