

**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 222  
DES MOINES, IOWA 50301  
servinghandsinciowa@gmail.com