



## MAIL-IN DONATION FORM

### YOUR INFORMATION

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

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

Email: \_\_\_\_\_  Join our email list!

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

### GIFT INFORMATION

Donation Amount: \_\_\_\_\_  One-Time  Monthly

### BILLING INFORMATION

Street Address or PO Box: \_\_\_\_\_

Apartment, unit, etc. (optional): \_\_\_\_\_

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

### PAYMENT INFORMATION

Payment Method:  Credit Card  Check

*If paying by credit card, please complete the below information. Otherwise, please include your check with this form.*

Name as it appears on card: \_\_\_\_\_

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

Exp. Date: \_\_\_\_/\_\_\_\_

Card Security Code: \_\_\_\_\_