



**DONATION FORM FOR SENDING YOUR GIFT BY FAX**

THANK YOU for partnering with us in our work. Please print this form, fill it out completely, and fax to: **(707) 525-1310**

**Amount of Gift:** \$ \_\_\_\_\_

\_\_\_\_\_ One-time gift.          \_\_\_\_\_ Monthly gift.          \_\_\_\_\_ Other.

**Credit Card Information:**

Credit Card Type: \_\_\_VISA    \_\_\_MasterCard    \_\_\_AmEx    \_\_\_Discover

Authorized signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Personal Information:**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Donation Instructions:**

Please use my gift for the following:

- |                          |  |                     |
|--------------------------|--|---------------------|
| ___Where most needed     | ___Children’s Homes                        | ___Feeding Programs |
| ___Immunization Programs | ___Emergency Assistance Fund               | ___Disaster Relief  |
| ___Clean Water Projects  | ___African American Single Mothers Program | ___Education        |
| ___Community Agriculture | ___Other instructions or comments: _____   |                     |

\_\_\_\_\_

*Thank you! Your gift is tax deductible as allowed by law.*