



## Make a Donation to A Community of Friends

Make check payable to "A Community of Friends", or complete the information below and sign where indicated, and mail to 3701 Wilshire Boulevard, Suite 700, Los Angeles, CA 90010 or fax to (213) 368-5934.

\*Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Donation Amount (US Dollars): \$ \_\_\_\_\_

- I want to make a one-time donation.  
I want to make a recurring donation every:  
 Month.       3 months.       Year.

I'd like to make this donation

In honor of: \_\_\_\_\_

in memory of: \_\_\_\_\_

Please send acknowledgement of this gift to (email address or postal address):

\_\_\_\_\_

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

Company: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

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

\*E-mail Address: \_\_\_\_\_

\*Phone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

\*Name on Card: \_\_\_\_\_

\*Credit Card Type:       Visa       MasterCard

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

\*Card Security Code: \_\_\_\_\_ (usually the last 3-4 digits on the signature panel)

\*Expiration (MM/YY): \_\_\_\_\_

\*Signature: \_\_\_\_\_

\* **REQUIRED FIELDS**