



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

Authorized signature: _____

Credit Card Number: _____ Expiration Date: _____

CVV#: _____

Personal Information:

Name: _____

Address: _____ City: _____

State: ____ Zip: ____ E-mail: _____

Donation Instructions:

Please use my gift for the following:

____ Where most needed ____ Children's Homes ____ Immunization Programs
____ Feeding Programs ____ Disaster Relief ____ Emergency Assistance Fund
____ Clean Water Projects ____ Education ____ Community Agriculture
____ Other instructions or comments: _____

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