

ONE-TIME:	\$50	\$150	\$300	\$500	\$1,000	or:	\$
MONTHLY:	\$20	\$30	\$40	\$50	\$100	or:	\$
Personal Details:							
	Name(s):			Last Name(s):			
Organization (if applic	cable):						
Street Address:							
City:		State	:	Zip:			
Email:				Phone:			
Are you giving this  If so, please provid	gift in hon	our, memory,		o someone?	have them noti	fied of th	ne gift:
Payment Details:							
Cardholder Name:							
Number (16 digits):				Expiry date (MM	1/YY):	CVV:	
Card Type: Visa MasterCard American Expre							
Monthly donations ca issued annually for th			Ionations are dec	ducted on the 15 <sup>th</sup>	day of each mor	nth. Mont	hly donor receipts are
Signature		Full <b>N</b>	ame (please pri	int)	 Date		