



## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

### DONOR INFORMATION

Donor Name (First Name and Last Name): \_\_\_\_\_

Organization Name (Fill this out only if you're making your donation on behalf of an organization):  
\_\_\_\_\_

### ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):  
\_\_\_\_\_

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

Country: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_  Home  Mobile

By providing your email address and/or phone number, you will receive news and alerts related to PAC-SF. You may unsubscribe at any time.

### PAYMENT OPTIONS

One Time Gift Amount: I'm enclosing my check made payable to PAC-SF:  
\_\_\_\_\_

### PAYMENT OPTIONS

One Time Gift Amount: \_\_\_\_\_

I'm enclosing my check made payable to the American Red Cross

Please charge my credit/debit card:

Visa  MasterCard  American Express  Discover

Cardholder's Name: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

### I WANT TO SUPPORT

Please designate your gift to one of the following:

Where It Is Needed Most: Let us choose where your dollars will go the farthest.

A Specific Program: Tell us how you want your donation used. \_\_\_\_\_

Your questions and feedback are very important to us.

Please feel free to contact us at boardmembers@pac-sf.org or call us at (415) 706-2730. Thank you for your support.

### OR Become a PAC-SF Champion!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$\_\_\_\_\_ per month.

YES! I would like to make a monthly gift in the amount of \$\_\_\_\_\_ using my checking account. I've attached a voided check from the account I would like to use. Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling us at the number below.

**Please mail this completed form to: PO Box 27246, San Francisco, CA 94127.**