

# Donation Form



*Helping people transition to a better tomorrow*

## Donor Information

Name

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Billing Address

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City, State Zip Code

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Phone 1 | Phone 2

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Fax | Email

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## Pledge Information

I (we) pledge to donate a total of \$ \_\_\_\_\_:  Now  Monthly  Quarterly  Yearly

I (we) plan to make this contribution in the form of:  Cash  Check  Credit Card  Other

Credit Card Type | Exp. Date

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Credit Card Number

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Authorized Signature

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Gift will be matched by  
(company/family/foundation):

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Form enclosed  Form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

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Signature

Date

*Please make checks, corporate matches,  
or other gifts payable to:*

*Community Homeless Solutions  
3087 Wittenmyer Ct.  
Marina, CA 93933*