

## 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:VISAMasterCardA	mExDiscover
Authorized signature:	
Credit Card Number:	Expiration Date:
Personal Information:	
Name:	
Address:	City:
State: Zip: E-mail:	
Donation Instructions:	
Please use my gift for the following:	
Where most neededChildren's Homes.	Feeding Programs.
Disaster ReliefImmunization ProgramsEducation.	
Clean Water ProjectsMicro-Enterprise D	
Community Agriculture ProjectsOther instr	