



DONATION FORM

Complete and fax to: 714-237-1440

For additional information call (714) 237-1444

Indicate amount:

15 25 50 100 250 500

Other Amount: \$ _____ *NOTE: \$10 minimum donation*

Select gift frequency:

One-time Gift

Monthly Gift

For monthly gifts, please select preferred time of recurring donation:

NOTE: Initial donation will be processed immediately

1st of month

15th of month

Title: Mr Mrs Ms Miss Dr Other _____

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Phone _____

Email Address _____

Card Type: Visa MasterCard Discover Card

Card Number _____ CVV2# _____ *Three digit code on back of card*

Expiration Date: Month _____ Year _____

Do you want to be on our mailing list? Yes No Already on

I'd like to be notified of any special needs The Sheepfold may have: Yes No

How did you hear about The Sheepfold?

- Radio If radio, what station? _____
- Search Engine
- Email
- Mail
- Friend/Family
- Newspaper/Magazine
- Sheepfold Event

Comments:

Thank you for your generous contribution!

Your gift will help The Sheepfold continue serving victims of domestic abuse and their children.