



## Donation Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

Please accept my gift today of: \$1,000 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$50 \_\_\_

\$25 \_\_\_ (other amount) \$ \_\_\_\_\_

This gift can be matched by my employer. *Company name:* \_\_\_\_\_

One-time Donation \_\_\_ Recurring Monthly Donation \_\_\_

Today's Date: \_\_\_\_\_

Please charge my gift to my: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Auth Code: \_\_\_\_\_

Please make my gift: \_\_\_ in memory of: \_\_\_ in honor of: \_\_\_\_\_

Name and address to send tribute acknowledgement: \_\_\_\_\_

\_\_\_\_\_

*Donation information continues on page 2.*

Please make checks payable to **Emotional Health Association**.

Emotional Health Association

6666 Green Valley Circle

Culver City, CA 90230

All gifts are tax-deductible to the fullest extent of the law. Our tax identification number is #95-6092809

*By submitting this donation, I confirm that I am the cardholder or account holder and authorize Emotional Health Association dba SHARE! to charge the specified donation amount to the provided payment method.*

**Thank you for making a difference in the lives of the people we serve!**