

MAR VISTA FAMILY CENTER DONATION FORM

Please print this form and
send it along with your check or credit card information to:
Mar Vista Family Center • 5075 South Slauson Avenue • Culver City, CA 90230
Attention Melody Greene

I want to support Mar Vista Family Center's work of empowering the community

\$1,000 \$500 \$250 \$100 \$50 other \$_____

Name _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____

METHOD OF PAYMENT (please choose one)

Enclosed please find a **check** made out to Mar Vista Family Center for \$_____

Please bill my **credit card** (circle one): VISA MC

Card # _____ Exp. Date _____

Name (print) _____

Signature _____

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____ (name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

Gift in honor of: _____ (name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

Your contribution is tax-deductible • We Thank You for Your Support
For further information, please contact Melody Greene (310) 390-9607 X106