



## DONOR INFORMATION

---

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## GIFT INFORMATION

---

Please select your preferred giving method:

### ① By Credit Card

- I authorize a monthly, recurring contribution of:
- \$84 per month (\$1,008 for 1 year)
  - \$\_\_\_\_\_ per month (\$84 or more) for 1 year
  - \$\_\_\_\_\_ per month (\$84 or more) for 2 years
- I authorize a one-time gift of:
- \$1,000
  - \$2,500
  - \$5,000
  - \$\_\_\_\_\_ (other)

CREDIT CARD NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### ② By Check

*Please make check payable to MLK Community Health Foundation*

- My one-time gift of \$ \_\_\_\_\_ is enclosed as a check

## TO COMPLETE YOUR GIFT

---

Please use the included self-addressed envelope to mail your completed form (with check, if applicable) to:

MLK Community Health Foundation  
Attention: Priscilla Valencia  
1680 E 120th Street, Los Angeles, CA 90059

## QUESTIONS?

---

Please contact Priscilla Valencia, Development Manager, at (818) 617-2041 or [priscilla@mlk-chf.org](mailto:priscilla@mlk-chf.org)