

1680 East 120th Street  
Los Angeles, CA 90059

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## Advocates Gift Form

### Donor Info:

Name:
Street Address:
City, State, Zip Code:
Phone:
Email:

### Gift Type:

Monthly via Credit Card (for 12 months)

\$84       \$\_\_\_\_\_ (other - \$84 or more)

Single Gift via Check or Credit Card

\$1,000       \$2,500       \$5,000       \$10,000       \$\_\_\_\_\_ (other)

### Gift Information:

Check Enclosed, payable to the MLK Community Health Foundation (*Tax ID #45-4433505*)

Credit Card

Visa       Mastercard       American Express       Discover

Name on Credit Card:
Credit Card Number:
Expiration Date & CVV Code:
Signature:

### Questions?

Please contact Michael Sampiano, VP of Development, at 424-338-8684 or michael@mlk-chf.org