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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 Dyan Sublett, President at 424.338.8686 or dyan@mlk-chf.org