

Project Gold Star Donation Form



I pledge to support Project Gold Star

Please complete this section or attach a business card

Name of Mr. / Mrs. / Ma			
Name: Mr. / Mrs. / Ms.			
Organization:			
Address:			
City:			
Telephone:			
E-mail:			
Enclosed is a donation of \$			
Payment Options: I would like to donate via credi	t card:		
Bankcard Account Number:		Exp. D	ate:
Amount: \$	Maste	erCard Visa	
Cardholder Name (please print)):		
Cardholder Signature:		Date:	
I pledge \$	ove	a	year period.
My first pledge payment of \$_			is enclosed.
Please mail a pledge reminder to semi-annually other			erly
I would like to contribute a gift	in-kind:		
Memory/Honor: My donation is in memory of: My donation is in honor of: Please mail an acknowledgeme (address) Public Recognition: Acknowledge this con	nt to: (<i>name</i>)		
Signature		Date	

Please make checks payable to the **Project Gold Star** and return or fax the completed form to:

Project Gold Star

1227 O Street, Rm 314, Sacramento, CA 95814. Telephone: 916.503.8095; FAX:916.653.2291

Email: <u>roz.jaurequi@cdva.ca.gov</u>