



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 # _____ EXP DATE _____
NAME ON CARD _____ SECURITY CODE _____
BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SAME AS MAILING ADDRESS SIGNATURE _____

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 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, Director, Annual Giving, at priscilla@mlk-chf.org