



I CAN HELP DONATION FORM

Name of Donor (Please print) _____ I/we wish to remain anonymous

Address _____

City/State/Zip _____

Phone _____ Email _____

A gift of any size will help the children and families we serve, especially now.

- I want to join Five Acres Family Circle with a *monthly gift* of: \$ _____
- I will donate one-time gift of: \$25 \$50 \$100 \$500 \$1,000 \$2,500 _____
- My gifts can be matched by my employer or my spouse's: _____
List Employer
- Covid-19 Fund APSS Covid-19 Support Unrestricted _____

My gift is:

- By Check: **Please make check payable to:** Five Acres
- Other (please specify DAF or other): _____
- I/we wish to make payment via a credit card: American Express Discover MasterCard Visa:

Card Number _____ Card type: Personal Business

Name on the card _____ Expiration date ___/___/___ Security Code _____

SIGNATURE: _____ **Date:** _____

Billing Address (If different from Donor's): _____

City _____ Zip _____ Daytime Phone (____) _____

My email Address: _____

Acknowledgements will be emailed

This gift is a tribute. Please send a tribute card to (Name): _____

Address: _____

Five Acres • 760 W. Mountain View Street • Altadena, CA 91001 • (626) 798-6793

All gifts are tax-deductible to the fullest extent of the law. Our tax identification number is #95-1647810