



## Memorial and Honorary Donation Form

### 1. Donation Dedication:

in memory of \_\_\_\_\_

in honor of \_\_\_\_\_

birthday    birth/adoption    wedding/anniversary    appreciation

other \_\_\_\_\_

### 2. Who should we notify of this donation?

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please keep my name anonymous in the notification

Please keep the amount of my donation confidential

3. **Donation Amount:**   \_\_\_\$100   \_\_\_\$250   \_\_\_\$500   \_\_\_\$1,000   \$\_\_\_\_\_ (Other)

### 4. Donor (Your) Information:

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### 5. Payment Information

Personal check enclosed

Please charge my credit card:

CREDIT CARD NO. \_\_\_\_\_ EXP \_\_\_ / \_\_\_ CSC \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Mail to:** California ReLeaf, 2115 J Street Suite #213, Sacramento, CA 95816.

**Or email to:** [cblain@californiareleaf.org](mailto:cblain@californiareleaf.org)