



St. Joseph Center Contribution Form

Please print this form and send it in an envelope with your contribution to:

St. Joseph Center
Attn: Development
204 Hampton Drive
Venice, CA 90291

Please accept my tax-deductible gift of:

\$500 \$250 \$150 \$75 \$50 Other _____

Please direct my gift to:

Help where it's needed most *Help Children* *Help Homeless Men, Women, and Children*
 Help Families *Help Seniors* *Help with Job Training*

Please make my gift a tribute or memorial in honor of:

Name / Event _____

Address _____

Please send a notice of this tribute/memorial to the above address. *Do **not** send a notice.*

Personal Message _____

DONOR CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (w) _____ (h) _____

E-mail _____

Please send me information on Planned Giving and Estate Planning options.

Please contact me regarding a larger gift to St. Joseph Center.

PAYMENT:

By Check

Enclosed please find a check made out to St. Joseph Center for \$ _____

By Credit Card

Please bill my credit card (circle one): VISA MC AMEX

Card No. _____ Exp. _____

Name (print) _____

Signature _____

Payment in full

Please bill me monthly (minimum \$25)

All gifts to St. Joseph Center are 100% tax deductible. Federal Tax ID: 95-3874381.

For more information please call 310-396-6468 x335.

*St Joseph Center values your privacy and never shares contributor information
with any other businesses, agencies, or organizations.*