

## **Donation Form**

P.O. Box 6461, Santa Rosa, CA 95406 (707) 570-7050 www.sonomachangeprogram.com

Donor Information
Name:
Billing Address:
City, State, Zip:
Phone:
Email:
<u>Donation Information</u>
I (we) pledge a total of $\$$ to be paid: $\square$ now $\square$ monthly $\square$ quarterly $\square$ yearly
I (we) plan to make this contribution in the form of: □ cash □ check □ credit card □ Venmo □ PayPal □ other:
Paying by check: make check payable to Sonoma County CHANGE Program and mail to the address above.
Paying by credit card: we accept all major credit cards
Credit card number
Expiration Security Code Zip
Donate online with PayPal or by Debit or Credit card at <a href="https://sonomachangeprogram.com/content/donate">https://sonomachangeprogram.com/content/donate</a>
Donate directly through PayPal at sonomachange@live.com or     @CHANGEdonate
<ul> <li>Donate by Venmo @CHANGEprogram or by scanning this QR code</li> </ul>
For Donations to Honor a Loved One
Please indicate whether the donation is being given to honor: $\Box$ an animal $\Box$ a person
Name of loved one: If animal, please indicate species:
Is the love one: $\Box$ alive $\Box$ deceased
To whom are we sending the acknowledgement?
Name:
Billing Address:
City, State, Zip:
Email:
☐ I (we) wish to have our gift remain anonymous.
Signature: Date: