



Santa Clarita Veteran Services Collaborative GENERAL DONATION FORM

Mail This Form and Donation to: Santa Clarita Veteran Services Collaborative, 23222 Lyons Avenue, Newhall, CA 91321

One-Time Donation Amount: \$ _____

YES! Please make this a recurring monthly donation and support veteran service members with my monthly gift of: \$19/mo. \$25/mo. \$30/mo. Other \$ ____/mo.

Donation Information:

(Is this donation being made by a company?)

Company Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Yes, I would like to receive email communications from Santa Clarita Veteran Services Collaborative (i.e., updates on events, programs, etc.)

My check is enclosed **Please charge my credit card**

Credit Card Information:

Card Type: AMEX Discover MasterCard Visa

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Card Security Code: _____ Cardholder Signature: _____

Credit Card Billing Information:

(If the billing address is different from the donor information, please enter the address below)

Address: _____

City: _____ State: _____ Zip Code: _____

Gifts in Honor or In Memory of an Individual:

Gift Type (choose one): **In honor of** **in memory of**

Honoree's First Name: _____ Last Name: _____

Address: _____

MAKE CHECKS PAYABLE TO: SANTA CLARITA VETERANS SERVICES COLLABORATIVE

WWW.SCV-VETS.ORG 661.670.8680

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