



The HIV/AIDS Agency with the Caring Heart

Shanti Orange County, 22722 Lambert St, Ste 1711, Lake Forest, California 92630

Phone: (949)452-0888 Fax: (949)452-0889

DONATION FORM

Thank you for your interest in supporting Shanti OC in our mission to improve the lives of individuals in Orange County living with HIV/AIDS. Your tax deductible donation enables us to continue to provide much needed services to our clients. Shanti Orange County Federal Tax ID # 33-0236592

All information provided below will be kept confidential. Please type or print.

First Name				Last Name			
Address						Suite/Unit	
City			State			Zip Code	
Telephone				Email:			

I would like to make a donation of:

<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$
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Donation Method

<input type="checkbox"/> Please find enclosed a check for my donation		<input type="checkbox"/> Please use the below information to charge my credit card					
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express				
Card Number:							
Exp. Date:			Name on Card:				
This will be a:	<input type="checkbox"/> One Time Gift		<input type="checkbox"/> Regular Monthly Donation for the next 12 months.				
Signature:							

Donation Details

Please accept my donation <input type="checkbox"/> In Memory Of <input type="checkbox"/> In Honor of:							
<input type="checkbox"/> Please apply my donation to the Dr. Jeffery Rehm Shanti OC Mental Health Fund							
<input type="checkbox"/> My employer matches charitable contributions. Please find enclosed contact information for matching gifts.							
Please send an acknowledgement of my gift to the following person:							
First Name				Last Name			
Address						Suite/Unit	
City			State			Zip Code	