

STRIVE FOR CHANGE FOUNDATION
Creating Opportunities for the Working Poor

Donation Form

Name: _____ Date: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Daytime Phone: _____

➤ I wish to give a **monthly**, tax-deductible donation, charged to my credit card:

\$200/month \$100/month \$50/month Other \$_____/month

My preferred date of monthly charge: 5th of the month 20th of the month

➤ I wish to give a **one-time**, tax-deductible donation:

\$2,400 \$1,200 \$600 \$300 Other \$_____

My check is enclosed, made payable to the Strive for Change Foundation.

Please charge my credit card.

➤ I wish to **transfer stock** to the Strive for Change Foundation:

Please contact Todd Harmon, UBS Financial Services, Walnut Creek, 925-746-0253.

➤ I wish to **match my donation** through my company's matching gift program:

Please include your company's matching gift form.

➤ I wish my gift to be **in honor/memory** (please circle one) of:

Name: _____

Send Card To (Name and Address): _____

I grant permission for my name to be included as a donor in Foundation publications.

I would like my gift to be anonymous.

CREDIT CARD AUTHORIZATION

Pay by Credit Card: VISA MasterCard

Name, as shown on card: _____

Card Number: _____

Expiration Date: ____/____ 3-Digit Security Code (on back of card): _____

Signature: _____

Please mail to:
Strive for Change Foundation
P.O. Box 22584
Oakland, CA 94609
(510) 731-0835
info@striveforchange.org

The Strive for Change Foundation is a 501(c)(3) organization, Tax ID #26-1409546

THANK YOU FOR YOUR GENEROUS SUPPORT!