

# DONATION FORM

Please enter your information in the fields below.

**HUNGER WALK 2011**  
**Family Assistance Ministries**  
**October 23, 2011**



Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***I/WE ARE PLEASED TO MAKE THE FOLLOWING SPONSORSHIP/UNDERWRITING DONATIONS:***

- Platinum \$5000
- Gold \$2500
- Silver \$1000
- Bronze \$500
- Contributor \$100-200
- Supporter \$75
- Sponsorship/Underwriting of \$ \_\_\_\_\_
- In-Kind Donation of: \_\_\_\_\_

Total Amount of Donation: \$ \_\_\_\_\_ Amount included Today: \$ \_\_\_\_\_

- I/we have enclosed a check made payable to: Family Assistance Ministries
  - Please charge my credit card:  VISA |  MC |  AMEX
- Name on card: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CVA# \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Email: \_\_\_\_\_ (for donation receipt)

**PLEASE RETURN THIS FORM TO:**

**FAMILY ASSISTANCE MINISTRIES (TAX I.D. # 33-086487)**  
Attention: Susan De Gennaro  
(susan@family-assistance.org)  
929 Calle Negocio Ste. G, San Clemente, CA 92673  
Phone: 949-492-8477/FAX: 949-492-8081

**THANK YOU FOR YOUR SPIRIT OF GIVING!**

*Your donation is making a difference in the lives of so many hungry people in South Orange County!*



The Hunger Walk is  
in partnership with the  
city of San Clemente