



MAIL-IN DONATION FORM

DONATION DETAILS

Amount \$ _____ or Circle of Light Society \$1,000

Enclosed is my check made payable to THE Unforgettables Foundation

Please charge my credit card: Visa Master Card American Express

One-time donation Recurring Donation Monthly Annually

Credit Card Number _____ Expiration Date _____

Name on Card _____ Security Code _____

Signature _____

** Please note monthly donations will be processed on the 1st business day of the month and annual donations will be processed upon receipt of the form and on the following anniversary unless otherwise requested.

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Daytime Phone _____

YES, send me periodic updates from THE Unforgettables Foundation.

YES, list me as an anonymous donor.

YES, I would like more information about being a volunteer.

MAILING INFORMATION

Please send your check and this form to:
The Unforgettables Foundation
7197 Brockton Avenue, Suite 5
Riverside, CA 92506

* The Unforgettables Foundation is a nonprofit 501 (c)(3) organization

* This gift is tax-deductible in the United States.

* Check with your employer for a matching gift program.

* Please call us with any questions. 951-680-9996