**Donation Form for Non-Profit**

**Personal Information**

|  |  |
| --- | --- |
| Name: | Joseph |
| Address: | 1. 993 Tower Dr. Santa Monica, CA 90403 |
| Contact No.: | +12365478952 |
| Email: | joseph@email.com |

**Donation Information**

|  |  |
| --- | --- |
| Monthly Gift Amount: | ☐ $100 ☐ $500 ☐ $1000 ☐ Others |
| Process my donation on the: | ☐ 1st ☐ 15th of each month |
| This donation is made by: | ☐ an individual ☐ a business man |
| I prefer to be given by: | ☐ Credit Card*(please fill the credit card details)*  ☐ Pre-authorized debit |

**Credit Card Information**

|  |  |
| --- | --- |
| Card Type: | ☐ Visa ☐ MasterCard ☐ American Express ☐ Others |
| Card No.: | 5369xxxx256314 |
| Name on Card: | Joseph |

**Acknowledge Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please use the name(s) as | | Joseph | in all acknowledgements: | | |
|  | |  | | | |
| Signature: | Joseph | | | Date: | 17-04-2019 |