Credit Card Donation Form

To send a credit card donation via mail, please fill out this form and mail to:

The Lundquist Institute
Attn: Development
1124 West Carson Street, MRL 4th Fl
Torrance, CA 90502

Donor Contact Information *(please provide at least one form of contact information)*

Full Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Donation Amount

☐ $25   ☐ $50   ☐ $100   ☐ $250   ☐ Other: _____

Frequency: ☐ One-Time Gift   ☐ Monthly Gift   ☐ Quarterly Gift   ☐ Annual Gift

Designate My Gift To: ☐ Where it's needed most   ☐ Other: _____

Tribute Information

This Gift Is In: ☐ Honor of   ☐ Memory of

Tribute Name: _____

Send a Tribute Notification Via *(optional - please select one)*:   ☐ Mail   ☐ Email

Send Notification To (Name): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Credit Card Information

Name on Card: _____

Card Number: _____ Expiration Date: _____ /_____

☐ My billing address is the same as my mailing address

Billing Address: _____

Billing City: _____ Billing State: _____ Billing ZIP: _____

Billing Email: _____ Billing Phone: _____

Additional Information

☐ I would like this gift to remain anonymous.

☐ I would like to learn about including The Lundquist Institute in my will or estate plan.

Comments

_____

I authorize the Lundquist Institute to charge my credit card for the donation amount and frequency stated above.

Signature: _____Date: _____