

## Credit Card Donation Form

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

Development - The Lundquist Institute  
PO Box 843514  
Los Angeles, CA 90084-3514

### 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: \_\_\_\_\_

***Thank you for your support!***

*The Lundquist Institute respects donor privacy – we do not store credit card information, nor will we ever share or sell your data.  
This form will be shredded after processing your gift.*