

MICHELLE'S PLACE

# EXPANSION

ONE VISION. ONE CENTER. ALL CANCERS.

## DONOR/PLEDGE FORM

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

By signing below, I/we are committing to the following donation/pledge to Michelle's Place:

Amount: \_\_\_\_\_ To Be Used For the Michelle's Place Expansion Campaign.

### PAYMENT INSTRUCTIONS

\_\_\_\_\_ I am fulfilling the entire pledge at this time.

\_\_\_\_\_ I will pay the entire pledge on or before \_\_\_\_\_

\_\_\_\_\_ I would like to be billed in installments of \$ \_\_\_\_\_

\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually Beginning on \_\_\_\_\_

\_\_\_\_\_ Check enclosed (payable to Michelle's Place)

\_\_\_\_\_ Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVW Code \_\_\_\_\_

\_\_\_\_\_ Other method of payment \_\_\_\_\_

***For planned giving options such as charitable trusts, stocks, etc., please call Kim Gerrish at (951)699-5455.***

In Honor/Memory of: \_\_\_\_\_

### CONFIRMATION

Signature \_\_\_\_\_ Date \_\_\_\_\_

Michelle's Place is a California 501(c)3 Non-Profit Corporation, Federal Tax ID 33-0951216.  
All donations are tax deductible for the full amount less the value of any goods and/or services received.  
For more information, please call (951) 699-5455.

**THANK YOU FOR YOUR SUPPORT!**