



DONOR GIFT INFORMATION

I/WE PLEDGE THE SUM OF \$ _____, PAYABLE AS FOLLOWS

One-time gift \$ _____

Monthly pledge \$ _____ per month for _____ months


Name/s (as you wish to be recognized) _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Enclosed is my check payable to “HOMELESS ACTION SONOMA, INC.”

 **To make a secure online gift, please visit our website www.hassonoma.org and click on “donate” or use the QR Code below for a direct link to *PayPal***



Homeless Action Sonoma Inc. (HAS) PayPal

ACKNOWLEDGEMENT OPTIONS:

Private/anonymous and will not be shared publicly or on our website

This donation is **in memory or in honor** of someone

type: *in memory of...* *in honor of...*

Name of Honoree _____

Homeless Action Sonoma, Inc. is a tax-exempt nonprofit organization under Section 501c3 of the Internal Revenue Code. All donations are deductible to the fullest extent of the law.

TAX ID #85-2764190 You will receive a thank you letter either by email or snail mail confirming our receipt of your contribution

Questions? Please contact:

info@hassonoma.org

707-991-0496

Please return this form to:

HOMELESS ACTION SONOMA, INC.
P.O. BOX 482
SONOMA, CA 95476