



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.**”

Please charge my credit card: Visa MasterCard AMEX

Name on card _____

Billing Address if different _____

Card # _____ Exp _____



To make a secure online gift, please visit **hassonoma.org** and click on “donate.”

This donation is anonymous

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

Questions? Please contact:

hassonomaorg@gmail.com

707-304-0502

Please return this form to:

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