



## Honor and Memorial Donation Form

### Amount

\$ 25.00    \$ 50.00    \$ 100.00    \$ 250.00    \$500.00    Other Amount: \$ \_\_\_\_\_

### Tribute Information

In Honor of:    In Memory of:   Name(s) and/or event: \_\_\_\_\_

### Acknowledgement Information

I prefer to make this donation anonymously

This gift is from: \_\_\_\_\_

Please send a card acknowledging my donation to *(amount will not be revealed)*:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Payment Information

I have enclosed a check *(Please make checks payable to BCSET)*

Please charge my donation to my credit card *(We accept MasterCard and Visa. Please fill out the information below)*

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:  Visa    MasterCard   Credit Card Number: \_\_\_\_\_

CVV# *(in signature panel on back of card)*: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

---

### Thank you for your generosity!

Please mail this form along with your tax-deductable contribution to:

Breathe California of Sacramento-Emigrant Trails  
909 12<sup>th</sup> Street, Suite 100  
Sacramento, CA 95814

You can also fax the form to (916) 444-6661 if you are paying by credit card.