



Donor Information:

Name _____

Business/Organization Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Tribute Information:

This gift is in Honor/Memory of: _____

Please notify: _____

Address/Email: _____

Donation Level:

\$25 \$50 \$100 \$250 \$500 \$1,000 \$2,500 Other: \$ _____

One-Time Gift

Recurring Gift: Monthly Quarterly Annually

Unrestricted Gift

Other Restriction _____

Payment/Acknowledgement:

Enclosed is my check payable to *Guadalupe Center*

Please charge my credit card: AMEX MasterCard Visa

Cardholder Name _____

Card Number _____

Exp. Date _____ Sec. Code _____

Signature _____

Please send my gift acknowledgement by Email to save postage