



## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

### DONOR INFORMATION

Donor Name (First Name and Last Name): \_\_\_\_\_

Organization Name (Fill this out only if you're making your donation on behalf of an organization):  
\_\_\_\_\_

### ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_  Home  Mobile

By providing your email address and/or phone number, you will receive disaster news and alerts, preparedness tips and other ways to get involved with the Red Cross. You may unsubscribe at any time.

### PAYMENT OPTIONS

One Time Gift Amount: \_\_\_\_\_

I'm enclosing my check made payable to the American Red Cross

Please charge my credit/debit card:

Visa  MasterCard  American Express  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### OR Become a Red Cross Champion!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$\_\_\_\_\_ per month.

YES! I would like to make a monthly gift in the amount of \$\_\_\_\_\_ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 1-800-RED CROSS (1-800-733-2767).

### I WANT TO SUPPORT

Please designate your gift to one of the following:

Disaster Relief: Help people affected by disasters big and small.

Home Fire Preparedness: Help prepare, respond and help families recover from home fires.

Biomedical Services: Help save lives by supporting blood collection and distribution efforts.

Other\* (please specify): \_\_\_\_\_

Please also indicate the name of the specific cause on the memo line of your check (for example: "Your Local Chapter").

\*If the American Red Cross is not raising funds for the specific cause you have indicated and/or donations exceed Red Cross expenses for that cause, your gift will be applied to Where It Is Needed Most.

Your questions and feedback are very important to us. Please feel free to contact us at [redcross.org](http://redcross.org) or call 1-800-RED CROSS (1-800-733-2767). Thank you for your support.

Please mail this completed form to: American Red Cross | 1565 Exposition Boulevard, Sacramento 95815