

UFSC

Urban Financial Services Coalition: Los Angeles Chapter
P.O. Box 8538
Los Angeles, CA 90008

Donor Information (please print clearly)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (evening/mobile)	
Telephone (daytime/business)	
E-Mail	

Pledge Information

I (we) are contributing:

\$25 ____ | \$50 ____ | \$75 ____ | \$100 ____ | \$ Other ____

I (we) are making this contribution in the form of: ____ check ____ money order

Will this donation be matched? (circle one) Yes | No

If yes, donation will be matched by _____ (Company/Family/Foundation).

Contact Person's daytime phone: _____

Acknowledgement Information

____ Please use the following name(s) in any acknowledgements:

____ I (we) wish to have our gift remain anonymous.

Please make checks, corporate matches, or other gifts payable to:

LAUB Charitable Nonprofit Corporation (501c3 Tax ID# 95-464-3746)

Mail contributions to:

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