



## DONATION FORM

***YES! I want to help prevent domestic violence in my community.  
Please choose one of the giving options listed below.***

NAME

PHONE

ADDRESS

EMAIL

CITY

STATE

ZIP

### OPTION 1

*Enclosed is my **ONE TIME GIFT** of:*

\$30  \$75  \$150  \$500  Other \$\_\_\_\_\_

I've enclosed my check payable to Allies in Change.

I'd like to make a gift by credit or debit card.  
(please provide card information below)

MasterCard  Visa  Discover  AmEx

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

DATE

### OPTION 2

*Enclosed is my **MONTHLY GIFT** of:*

\$10  \$30  \$50  Other \$\_\_\_\_\_

I authorize Allies in Change to charge my credit or debit card the above amount each month.

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

DATE

*Your gifts are tax-deductible to the full extent allowed by law. Authorization to charge your credit card or debit card for your monthly pledge shall remain in effect until you notify Allies in Change; at least 10 days in advance of the charge date that you want to end this agreement.*

### COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PAY TO:

**Allies in Change  
1675 SW Marlow Ave  
Suite 110  
Portland, OR 97225**