DONATION FORM

Donation Amount: $_____ ☐ One-Time ☐ Monthly

BILLING INFORMATION

Name:_____

Address:_____

City:_____State:_____ZIP:_____

Mobile Phone:(_____)_____

Email Address:_____

Employer:_____Title:_____

☐ Donate by Check: Mail check and form to: Pacific Coast Highway, Ste. 1900, El Segundo, CA 90245

☐ Donate by Credit Card:

Card Number:_____

Expiration Date:_____CVV:_____

Name on Card:_____

Authorizing Signature:_____

Are you dedicating this donation:

☐ No

☐ Yes, my donation is in honor of:_____

☐ Yes, my donation is in memory of:_____

Notes/Comments:_____

_____

_____

MAIL COMPLETED FORM TO: 100 N. Pacific Coast Hwy, Suite 1900
El Segundo, CA 90245

Thank you for your support of HSF!

HSF's Tax ID Number is 52-1051044