DONATION FORM

(Please fill out this form completely.)

DONOR INFORMATION

Todays Date: _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone: ( )**_____

☐ **This donation is to be listed as:** _____
(*Examples: Mary Smith, or Mary Smith and Jack Jones, or Smith-Jones Family Trust)*

☐ **This donation is to be listed as ANONYMOUS**

☐ **This donation is:** ☐ in memory of ☐ in honor of

_____
First Name *Last Name*

Comments: _____
(Include address of "in honor of" if you want the person notified by the SMC Foundation.)

_____

DONATION PAYMENT

Amount: $_____

☐ **Check** *(Please make check payable to **SMC Foundation** & write **Emeritus** in memo field.)*

☐ **Credit Card** ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Frequency of credit card charge: ☐ ***One time charge*** ☐ ***Monthly charge***

Cardholder's Name: _____

Credit Card #: _____ Exp. Date: _____

CVV:_____ Signature: _____

ENDOWMENT

☐ I wish to remember SMC Emeritus in my will, trust or estate plan. Please contact me.

Please return this form to the first floor office at the Emeritus Campus.
SMC Emeritus, 1227 Second Street, Santa Monica, CA 90401

Revised 4/14/2018