

DONATION FORM



(Please fill out completely.) **Questions?**

Please call the SMC Foundation at (310) 434-4215

DONOR INFORMATION Name:	Todays Date:
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)
\square This donation is to be listed as ANOI	NYMOUS
☐ This donation is: ☐ in memory of	\square in honor of
First Name	Last Name
Comments:	
DONATION PAYMENT	Amount: \$
☐ Check (Please make check payable to SMC	Foundation & write Emeritus in memo field.)
☐ Credit Card ☐ VISA ☐ MasterCard Frequency of credit card charge: ☐ C	•
Cardholder's Name:	
Credit Card #:	Exp. Date:
CVV: Signature:	
ENDOWMENT ☐ I wish to remember SMC Emeritus in my wi	ll, trust or estate plan. Please contact me.

Please mail this form to:

Emeritus Program c/o SMC Foundation 1900 Pico Blvd. Santa Monica, CA 90405