



# Virtual Fundraising Gala DONATION FORM



Please print clearly

Please update my information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Options Health • 5167 Clayton Road, Suite H, Concord, CA 94521 • optionshealth.org • 925-827-0100**

Options Health is a 501(c)3 non-profit. Donations are tax deductible.

***Pledge reminders and/or donation receipts will be mailed to donors within 30 days.***

## YES, I will support Options Health with my most generous ONE-TIME GIFT!

**My best one-time gift:**  \$10,000  \$7,500  \$5,000  \$1,000  \$500  \$300  Other \$ \_\_\_\_\_

**-OR-**  I would like to pledge a one-time gift of \$ \_\_\_\_\_ within 90 days

I have enclosed a check or cash for my one-time gift

Please charge my credit card for my one-time gift:  Visa  MasterCard  Discover  Amex

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

## YES, I will partner with Options Health through MONTHLY GIVING!

I am an **existing** monthly donor  I am a **new** monthly donor

**My monthly pledge:**  \$1,000  \$500  \$250  \$100  \$50  \$25  Other \$ \_\_\_\_\_

**Automatic Giving:** Please charge my monthly pledge to the account indicated below each month until further notice. I can make changes at any time by contacting Options Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Visa  MasterCard  Discover  Amex

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**Give By Mail:** I will mail in my monthly pledge

### ***Want to double your donation?***

Check in with your HR department to inquire about your company's employee giving program

To give the gift of stock, please contact Leslie: [leslie.harman@optionshealth.org](mailto:leslie.harman@optionshealth.org)