



## Donation Form

### Amount

\$ 25.00    \$ 50.00    \$ 100.00    \$ 250.00    \$500.00    Other Amount: \$ \_\_\_\_\_

### Payment Information

- I have enclosed a check *(Please make checks payable to BCSET)*
- Please charge my donation to my credit card *(We accept MasterCard and Visa. Please fill out the information below)*

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:  Visa    MasterCard   Credit Card Number: \_\_\_\_\_

CVV# *(in signature panel on back of card):* \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Please send me more information about (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Clean Air          | <input type="checkbox"/> Youth Leadership Opportunities |
| <input type="checkbox"/> Lung Health        | <input type="checkbox"/> Annual Fundraisers             |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Becoming a Volunteer           |
| <input type="checkbox"/> Tobacco-Prevention |   |

### Thank you for your generosity!

Please mail this form along with your tax-deductable contribution to:

Breathe California of Sacramento-Emigrant Trails  
909 12<sup>th</sup> Street, Suite 100  
Sacramento, CA 95814

You can also fax the form to (916) 444-6661 if you are paying by credit card.