

DONATION FORM



Donor Name(s): _____
(As you would like to be listed in our public acknowledgments)

Street Address: _____

City, State, Zip: _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Yes! I support New Leaf's mission to help LGBT individuals and families of all ages lead healthy and connected lives. I wish to make a 'general gift' in the amount of: \$500 \$250 \$100 \$50 \$25
 other \$ _____. This donation will help New Leaf provide professional mental health support and substance abuse services to strengthen our diverse community.

METHOD OF PAYMENT:

Enclosed is a check made payable to **New Leaf OR**

Please charge my: MasterCard VISA American Express

1. Charge the total amount of my pledge in one installment of \$ _____ **OR**

2. I wish to pay in several installments:

Please charge \$ _____ every month starting on _____ (month for first charge)
and ending _____ (month for last charge)

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Billing Address: _____
(if different than address above)

Please Mail or Fax to:
Attention: Development Department
New Leaf: Services For Our Community
1390 Market Street, Suite 800
San Francisco, CA 94102
Fax: (415) 255-2101