

## MAIL-IN DONATION FORM

## **GIFT INFORMATION**

Gift Amount:		
☐ I would like my gift	to be anonymous	
In addition to my perswill be mailed	sonal gift, a matching	g gift form from my employer □ is enclosed □
My gift is □ in honor	☐ in memory of	
I would like an acknow	wledgement without	the gift amount sent to:
Title: First Name:		Last Name:
Address:		
City:	State:	Zip Code:
Email:		
CONTACT INFORM	MATION	
Preferred title: ☐ Ms.	□ Mrs. □ Mr. □ Dr. □	Other
First Name 1:		Last Name 1:
First Name 2:		Last Name 2:
Mailing Address:		
City:	State:	Zip Code:
Email 1:		Email 2:
Phone:		

## PLEASE MAIL YOUR CHECK TO PO BOX 5368, CONCORD, CA 94524

To make a gift by credit card, go to shelterinc.org/donate. To make a gift by phone, please call us at 925.957.7566.

SHELTER, Inc. is a 501(c)(3) nonprofit organization. Contributions are tax deductible as allowed by law. Tax ID# 68-0117241