AGAPE FOUNDATION AGAINST DOMESTIC VIOLENCE, INC.

For more information please call: (323) 737-4838
e-mail:owalker@agapefdnadv.org • admin@agapefdnadv.org

GENERAL DONATION FORM

Date: Month_____ Date_____ Year_____ (Circle one: Mr., Ms., Mrs., Dr., etc.)

AGAPE Foundation against domestic violence, Inc., rely heavily on your support to help abused women, children, and other victims of domestic violence. CAN WE COUNT ON YOU?

Company or Individual Name:_____

Contact Person:_____ Address: _____

City: _____ State _____ Zip Code _____

Ph. No : ( ) _____Fax No: ( )_____E - mail _____

MONTHLY CONTRIBUTION: [ ]$100.00 [ ]$75.00 [ ]$50.00 [ ]$25.00 [ ]$15.00
[ ]$ other_____

YEARLY CONTRIBUTION: [ ]$5,000.00 [ ]$3,000.00 [ ]$2,550.00 [ ]$1,500.00
[ ]$1,000.00 [ ]$800.00 [ ]$500.00 [ ]other_____

SAFETY TECH SECURITY CREDIT CARD PAYMENT:

TYPE OF DONATION: [ ]Check: [ ]Credit Card : [ ]Amex : [ ]M C : [ ]Visa: [ ]Other_____

Card No:____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____-____

Expiration Date: Date _____ Month _____ Year_____

Name as it appears on Credit Card _____

Dollar Amount of transaction $ _____

Donations to AGAPE Foundation Against Domestic Violence, are tax deductible, and are recognized under vSection 501 (c) (3) of the Internal Revenue Code.

Please make all checks payable to **AGAPE Foundation Against Domestic Violence** and mail completed form to:
P.O. Box 8791 ~ Los Angeles, CA 90008