

## Yes! I wish to make a donation to fund comprehensive and vital services for survivors of abuse and exploitation.

## DONOR INFORMATION 1. First Name\_\_\_\_Last Name\_\_\_\_ 2. Street Address 3. City\_\_\_\_\_State\_\_\_Zip Code\_\_\_\_\_ 4. Telephone Number\_\_\_\_\_ 5. Email Address PAYMENT INFORMATION (IF MAKING A GIFT BY CREDIT CARD) I am making a tax-deductible gift of \$ 6. Please charge my gift to: Visa ( ) Mastercard ( ) American Express ( ) Discover ( ) 7. Cardholder name (please write your name exactly as it appears on your card) 8. Card Number \_\_\_\_ 9. Exp Date \_\_\_\_\_\_ 10. Signature (for authorization) 11. Today's Date \_\_\_\_\_ For credit card gifts, please mail this completed form to: Pacific Survivor Center, P.O. Box 3535, Honolulu, HI, 96811 For check gifts, please make your check payable to Pacific Survivor Center and mail it with the completed donor information section of this form to: Pacific Survivor Center, P.O. Box 3535, Honolulu, HI, 96811