



DESERT SAMARITANS FOR THE ELDERLY

Enhancing Quality of Life for the Elderly Today and Tomorrow

GENERAL DONATION FORM

DONOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail: _____

Method of Payment:

Discover MasterCard VISA Check (Make payable to Desert Samaritans)

Credit Card Number: _____

Expiration Date: _____ Security PIN*: _____

* For VISA and MasterCard, this is the three digit number on the back of the card

* For American Express, this is the four digit number on the front of the card

I would like to make a monthly gift of \$_____ on _____ (day)

-or-

Please charge my credit card with a one time amount of \$_____

Signature: _____ Date: _____

Please mail or fax this form to Desert Samaritans for the Elderly, a 501(c)3 tax exempt organization.

I am interested in learning about how to become more involved with Desert Samaritans for the Elderly.

Instructions:

Please print this form on your printer

Complete with your information

Mail completed form and check (if applicable) to Desert Samaritans (address below).