

## *Help the IAC Create Families*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### **YES, I WANT TO DONATE IN THE AMOUNT OF:**

\$25     \$50     \$100     \$250     \$500     \$1,000     \$\_\_\_\_\_

#### ***Type of Payment:***

Cash Enclosed     Check Enclosed     Money Order Enclosed

Credit Card (Enter information below)    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ American Express

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **INSTRUCTIONS:**

Please mail this form along with your cash, check, or money order to the address below, or if donating by credit card, fax to: (925) 603-0820. You may also call us at (925) 827-2229 if you prefer to donate over the phone. Thank you for your donation! A receipt for your tax-deductable donation will be mailed to you.

Independent Adoption Center  
391 Taylor Blvd. Ste. 100  
Pleasant Hill, CA 94523  
Att: Donation