



Make a Donation ~ Sponsor a Miracle

# DONATION FORM

Print, complete and return by fax or mail

### Where you would like your contribution to go?

- Area of Greatest Need
- Children
- Youth
- Families
- Girls & Women
- Operation Backpack
- Elderly
- Veterans
- Homelessness
- Recovery & Re-entry
- Housing
- Other: Indicate specific Program \_\_\_\_\_

### What amount can you give?

- \$25.00
- \$50.00
- \$100.00
- other \_\_\_\_\_
- \$250.00
- \$500.00
- \$1000.00

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I'm paying by:  Visa  Master Card  American Express  Check

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

*Please make check payable to: Volunteers of America Los Angeles  
Mail to: 3600 Wilshire Blvd., Suite 1500, Los Angeles, CA 90010*

*If you are paying by credit card,  
you may fax to: (213) 385-7599 or scan/email to: bventura@voala.org*

**If you have questions, or to donate by phone, please call Betty at: (213) 251-7618**

VOALA Tax ID# 95-1691330