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Donation Form

Donor Information

Personal Donor or On behalf of a business

First Name: _____ Last Name: _____

Business Name (If Applicable): _____

Street: _____ Suite/Apt.: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Donation Information

Single Gift or Recurring Payment – monthly giving

I would like to make a donation to Sol Del Valle Community Center in the amount of
(Mark with a checkmark the desired amount)

\$10 \$50 \$100 \$250 \$500 Other: _____

Designated Gift:

Unrestricted Tutoring Homework Club Music Academy
 ESL Camps Citizenship Workshop Job Connection

Payment information

Select Method: Credit/Debit Card Cash Check eCheck

Card Type: Visa Mastercard American Express Discover

Card Number: _____ Expiration Date (mm/yy): _____

Card Holder Name: _____

By signing below, I agree for Sol Del Valle Community Center to charge my card the amount above.

Sign: _____ Date (mm/dd/yyyy): _____