



LESBIAN | GAY CHORUS OF SAN FRANCISCO

Donation Form

* = required information **Monthly** Donation Amount \$ _____ **One-Time** Donation Amount \$ _____

First Name* _____ M.I. _____ Last Name* _____

Street Address* _____

City* _____ State* _____ Zip Code* _____

Phone Number _____ E-mail _____

Payment method (**please credit card only for monthly donations**): Credit Card Check/Money Order
(payable to: Lesbian/Gay Chorus of San Francisco)

_____ MasterCard _____ Visa

Credit Card Number _____ Exp. Date _____

Signature _____

Thank you so much for your gift! You will receive a quarterly statement for your records.

Please return signed form and payment to: 584 Castro St. #486 San Francisco, CA 94114-2594