



# Simi Valley Council On Aging

3900 Avenida Simi, Simi Valley, CA 93063 Phone: 805.583.6041 Fax: 805.583.7921

**Tax ID number: 95-2626170**

## Donor Information (please print or type)

Mr.,  Mrs.,  Ms., First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:

\_\_\_\_\_ one time, \_\_\_\_\_ monthly, \_\_\_\_\_ quarterly, \_\_\_\_\_ yearly

Please print & return your pledge, check or credit card information by:

Mail:

Simi Valley Council On Aging

3900 Avenida Simi

Simi Valley, CA 93063

Fax:

(805) 583-7921

Phone:

(805) 583-6363

## Pay by Check

**Amount: \$** \_\_\_\_\_

(Please make checks payable to: Simi Valley Council On Aging)

OR

## Credit Card Information

Check here if the information is the same as above.

Name (as it appears on the card) \_\_\_\_\_

Address \_\_\_\_\_

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

Card Type  VISA  MasterCard **Amount \$** \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code (This is the last 3 digits in the signature area on the back of the card) \_\_\_\_\_

Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_