



Council of Orange County Society of St. Vincent de Paul

**Make A Gift
Donation Form**

Please accept my/our gift of \$ _____ to support the Council of Orange County Society of St. Vincent de Paul.

Name (please print) _____ Company/Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Work Ph# _____ E-mail Address _____

- My company has a matching gift program. I will initiate the process to increase my gift.
- Tribute Gift Offer a thoughtful gesture to celebrate a birthday, wedding, anniversary, friendship, or express sympathy with a memorial.
Please recognize this gift in (circle one) honor / memory of: _____
Please send acknowledgement to: _____
(Full mailing address, please print) _____

Form of Payment

My check is enclosed and payable to Council of Orange County Society of St. Vincent de Paul

Please charge my Visa MasterCard American Express

Card Number (please print) _____ Expiration Date _____

Name on Card (if different than above) _____ Signature _____

I would like to set-up an automatic payment program for my gift. Please automatically deduct the following amount from my credit card account according to the following schedule.

A. Amount	B. Frequency	C. Starting Date	D. End Date
\$ _____	<input type="checkbox"/> per month <input type="checkbox"/> per quarter	Start Date _____	End Date _____

**All gifts are tax deductible as provided by the law.
Fed Tax ID# 95-3033494**

Please mail or fax your contribution to:

Council of Orange County
Society of St. Vincent de Paul
8014 Marine Way.
Irvine, CA 92618
FAX# (949) 653-9195

Questions?
Please call 714-991-9255

Thank you for your support.