



# 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.**