

## City of Beverly Hills Community Charitable Foundation DONATION PAYMENT FORM

Complete, sign and email (or fax 310.274.9571) this form to sharris@beverlyhills.org (OR attach form to check).	
	For more information, please call: <b>310-285-2531</b>
DATE:	
FROM:	Name:
	Company Name (if applicable)
	Address & Zip Code
	Telephone
	Fax
	E-Mail
What is proposed use of donation? See <u>www.beverlyhills.org/donations</u> for more info	
Recognition:	
OR check box if you wish to be listed as Anonymous	
Total Amount: \$	
For checks, make check payable to the <u>City of Beverly Hills Community Charitable Foundation</u> . Donor should consult with their tax attorney.	
	PAYMENT INFORMATION AND AGREEMENT
Credit Card Number	
Expiration Date	
Name of Credit Card Holder (PRINT)	
Payment	Type: Visa MasterCard Discover American Express
The City of Beverly Hills Community Charitable Foundation Tax ID # 36-4721355. The Foundation reserves the right to refuse donations.	
PRINT	NAME IF DIFFERENT THAN ABOVE:
Signatu	re (REQUIRED for all credit card transactions) Date

PLEASE NOTE: A FINAL RECEIPT WILL BE PROVIDED ONCE PAYMENT IS PROCESSED.