



City of Beverly Hills Community Charitable Foundation DONATION PAYMENT FORM

Complete, sign and email (or fax 310.274.9571) this form to ggrable@beverlyhills.org (OR attach form to check).
For more information, please call: **310-285-1023**

DATE:	
FROM:	Name:
	Company Name <i>(if applicable)</i>
	Address & Zip Code
	Telephone
	Fax
	E-Mail

What is proposed use of donation?

See www.beverlyhills.org/donations for more info

For NAME OF PROJECT OR PROGRAM

Recognition:

Total Amount:

\$AMOUNT

For checks, make check payable to the City of Beverly Hills Community Charitable Foundation.
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: _____

Signature (REQUIRED for all credit card transactions)

Date

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