

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 (if applicable)
	Address & Zip Code
	Telephone
	Fax
	E-Mail
What is p	proposed use of donation?
	Greystone Demonstration Garden
Recognition:	
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.