



Equality California Donation

- | | | |
|--|--|---|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$1,500 Capitol Club |
| <input type="checkbox"/> \$500 Visionary | <input type="checkbox"/> \$250 Hero | <input type="checkbox"/> \$125 Leader |
| <input type="checkbox"/> \$75 Family | <input type="checkbox"/> \$40 Individual | <input type="checkbox"/> Other Amount \$_____ |

PAYMENT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Fax _____ Email _____

Check (made payable to Equality California)

American Express Visa MasterCard Discover

Total to be billed on Credit Card \$_____ Name on Card _____

Credit Card Number _____ Exp. Date _____

I authorize Equality California to bill my credit card for the amount indicated above:

Signature (required) _____ Date _____

Return completed form to:

Equality California
Attn: Leanne Pittsford
2370 Market St, 2nd Floor
San Francisco, CA 94114