Hilarity for Charity
Bringing Light to Alzheimer's

DONATION FORM

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Home Phone:_____

Email:_____

Would you like to receive our email newsletter? ☐ Yes ☐ No

Donation

☐ **$25** ☐ **$50** ☐ **$100** ☐ **$500** ☐ **Other: $_____**

Payment Options

☐ Check enclosed

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name as it appears on the card: _____

Card Number: _____

Expiration Date: ___ / ___ Signature: _____

☐ Monthly Donation Amount: $_____

☐ Bank account withdrawal or ACH (Please attach voided check)

☐ Credit Card (Please fill out CC information above)

Other Details

☐ I would like my donation to be in honor/memory of:_____

Mailing Address:_____

☐ I/we prefer to donate anonymously.

☐ Please send information about including HFC in my estate plan.

Mail to: c/o Development Department
Hilarity for Charity (HFC)
7656 W Sunset Blvd
Los Angeles, CA 90046

Questions: donations@wearehfc.org
(203) 883-1380 x108
(203) 883-1380 x111