



**CCNP Donation Form**  
Please complete the following form and mail your gift to:  
Central City Neighborhood Partners  
501 S. Bixel St., Los Angeles, CA 90017  
Tel: (213) 482-8618 • Fax: (213) 241-0909

**Please accept my tax-deductible gift of:**

\$10     \$25     \$50     \$100     \$250     \$500     Other: \_\_\_\_\_

**Please direct my gift to:**

Youth Programs     Adult Programs     Family Programs     Promotora Program

Community Planning and Design     General Operating Support     Area of Greatest Need

**This gift is:**

A donation     A donation gift in honor/memory of someone

In honor of: \_\_\_\_\_     In memory of: \_\_\_\_\_

**Please send a notice of this honor/memorial to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DONOR CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name as to appear on printed recognition \_\_\_\_\_

I prefer that my donation remain anonymous

**PAYMENT**

Please find enclosed a check made payable to Central City Neighborhood Partners

Please bill my credit card (circle one)    Visa    Mastercard    American Express

One-time donation     Donate every month     Donate every quarter     Donate annually

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Card Security # (This is the last 3 digits after the credit card number on the signature line in back of your credit card) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for supporting CCNP. All donation gifts are tax-deductible as a charitable contribution to the extent allowed by law.**