



Donation Form

Amount

\$ 25.00 \$ 50.00 \$ 100.00 \$ 250.00 \$500.00 Other Amount: \$ _____

Payment Information

I have enclosed a check *(Please make checks payable to BCSET)*

Please charge my donation to my credit card *(We accept MasterCard and Visa. Please fill out the information below)*

Name on card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Email: _____

Credit Card Type: Visa MasterCard Credit Card Number: _____

CVV# *(in signature panel on back of card):* _____ Expiration: _____

Signature: _____ Date: _____

Please send me more information about (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Clean Air | <input type="checkbox"/> Youth Leadership Opportunities |
| <input type="checkbox"/> Lung Health | <input type="checkbox"/> Annual Fundraisers |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Becoming a Volunteer |
| <input type="checkbox"/> Tobacco-Prevention | |

Thank you for your generosity!

Please mail this form along with your tax-deductable contribution to:

Breathe California of Sacramento-Emigrant Trails
909 12th Street, Suite 100
Sacramento, CA 95814

You can also fax the form to (916) 444-6661 if you are paying by credit card.