



Our Dreamers are one step closer to college thanks to you!

Full Name: _____

Address/State/Zip: _____

Daytime Phone: _____ Email: _____

One-Time Donation:

- \$2,500 (sponsors one Dreamer for one year) \$1,000 \$500 \$250 Other _____
 Check Enclosed OR

Please charge my:

- VISA
 MasterCard
 AMEX Card

Credit Card #: _____

Exp: _____

Signature _____ Date _____

I hereby authorize IHADLA to initiate debit entries to my account immediately upon processing of this form. This authority may be revoked or modified at any time by written notice to the IHADLA. This authority is to remain in full force until revoked or modified.

Tribute Gift: In honor of In memory of: _____

Please acknowledge this tribute to (name): _____

Address/State/Zip: _____

In-Kind Donation: Item(s) Donated: _____

Fair Market Value: _____

Other Donation Types:

- Enclosed is my company's matching gift form.
 Please send me information about providing for the IHADLA in my estate plans.

Other Notes about your Donation:

Please make checks payable to:
I Have a Dream Foundation – Los Angeles
3580 Wilshire Blvd., Suite 720
Los Angeles, CA 90010
(213) 572-0175

Please complete this form and fax to (213) 572-0179 or, e-mail to taylor@ihadla.org.