



Steel Magnolias

We help children's health blossom

Thank you for your donation!

PERSONAL DONATION

Donor Name: _____

BUSINESS DONATION

Business Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ circle one please: cell business home

E-mail: _____

One Time Donation (circle one) \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$

Recurring Donation (circle one) \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$

Annually _____ # of yrs. _____ Quarterly _____ # of Quarters _____ Monthly _____ # of Months _____

Method of Payment - Payment enclosed

Check Credit Card (circle one) MasterCard Visa American Express

Card # _____ Expiration Date ____/____/____ CVV _____

Signature: _____

Tribute: I want to remember someone special with this gift.

In Memory of _____ In honor of _____

In celebration of _____

Please send Acknowledgment letter to:

Name: _____

Address: _____

Employer Matching Gift

My employer has a matching gift program.

Please contact me at: _____

Please mail completed form to:

Steel Magnolias, 6475 E. Pacific Coast Hwy, #183

Long Beach, CA 90803