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### WEB SITE MAIL-IN / FAX DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

This gift is in  In Honor  In Memory of \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

If in Honor of, the occasion is:

Birthday  Bar/Bat Mitzvah  Anniversary  Other \_\_\_\_\_

An acknowledgement card of your gift will be sent to the name above, but your gift amount will not be listed unless requested by checking this box.

Yes, please list gift amount

#### Payment Information:

- Make checks out to **Aviva Family and Children's Services**
- Credit Card

AMEX  M/C  Visa

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ Billing zip code: \_\_\_\_\_ CCV code \_\_\_\_\_