



## InnVision Donation Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number (in case we need to contact you with a question about the donation): \_\_\_\_\_

Email: \_\_\_\_\_

Check       Credit Card (select one)

Card Name Visa, MasterCard, American Express (circle one)

Account: \_\_\_\_\_ Expiration date: \_\_\_\_\_ (mm/dd/yyyy)

Credit Card Payment options:  One-time credit card payment

Monthly/Quarterly/Semi-annual credit card payment. Continue until: \_\_\_\_\_ (date)

Which InnVision program do you want this gift to support? \_\_\_\_\_ .

This gift is in honor of \_\_\_\_\_

This gift is in memory of \_\_\_\_\_

Please notify the following of this donation in honor or memory:

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

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

City/State/ZIP: \_\_\_\_\_

Please contact me about how I can make a matching gift from my employer.

Send to our secure fax at: 408 271-1798

Or mail to:

Christine Burroughs, CEO

InnVision the Way Home

1900 The Alameda, Suite 400

San Jose, CA 95126

**Thank you!**

**You will receive a written receipt of your donation.**

Questions? Call us at 408 292-4286.

Find us on the web at [www.InnVision.org](http://www.InnVision.org)

InnVision is a 501c3 non profit, tax ID 77-0033628.

*Benefiting Homeless Individuals and Families at 26 Sites in Silicon Valley*

April 9, 2010