



Credit Card or Check Donation Form

If you prefer to mail in a donation by credit card or check, please fill out this form and mail to: **WSLB, PO BOX 17098, Long Beach, CA 90807.**

We will send you a receipt to confirm your donation within 5 business days.

Please mail a receipt to:

Name _____

Address _____

City _____ State _____ ZIP _____

Yes, please add my e-mail address to your database so I can receive the e-news and other updates.

E-Mail Address _____

For CHECK Donations:

Enclosed is my check in the amount of \$ _____

For CREDIT CARD Donations:

Please bill my credit card in the amount of \$ _____

Name as it appears on card

Credit Card Type (circle one): VISA MASTERCARD

Credit Card # _____ Exp. Date _____

Signature

**Thank you for supporting the work we do at
WomenShelter of Long Beach.**