## VHPF Donor Form (for the Ventura Homeless Prevention Fund)

This VHPF Donor Form is ideal when gift-giving, contributing in honor/ in memory/ in celebration of a friend or loved one. Please copy this form as needed, complete, and mail. Or contact us at 805-626-0363, and we'll complete this form with you over the phone.

Your Name:			
Address:			_
City:	State:	Zip:	
Home Phone:			
donation for the Ve	entura Home	eless Prevention Fun	d
*In Honor / Memory / G	Celebration, o	other?	
Please send a car	d No	card needed	
Send card to:			
Name:			_
Address:			_
City:	State:	Zip:	_
How you wish the card	to be signed:		

Please make your check payable to: VHPF

\*Gift amounts are confidential.

Check enclosed VisaMC	_AMEXDiscov	er					
Credit Card Number	ï		_				
Expiration Date:		-					
Signature:							
Please forward this l	Form (and check) to:						
Ventura Homeless P	revention Fund						
5654 Ralston Street							
Ventura, CA 93003							
Tax ID # 46 - 48467	49						
Please forward this l Ventura Social Serv Attention: Ventura 5654 Ralston Street,	ices Task Force, Inc Homeless Prevention		Landlord Allia	nce Program	ı (LAP)		
If you have question	s or we can be of ass	sistance, please cal	l VSSTF, Inc. a	nt	or e	mail vsstfinc@gma	ıil.com
VSSTF, Inc. is a 501	l(c)(3) nonprofit cor	poration Tax ID #	95-1945833				
Donate "In Honor or	r Memory of"Please	accept a donation	"In Honor" or	"Memory of	" of a friend	l or loved one.	
Your Name:Address:							
Address: City: Home Phone:		D 21 4 1 1	State:	Zip:			
Home Phone:		_Email Address				_	
Please send a card	"No card needed	" How do you w	ish the card to l	be signed			
Please send card to							
Name:							
Name:Address:		City:	Sta	ite: Zi	p:	_	
	Expiration Date:						
Signature:	- • –						