

API Chaya Contribution Form



API Chaya

Supporting Survivors,
Strengthening Communities

Name: _____

Address: _____

City _____ State: _____ Zip Code _____

I WISH TO GIVE A TOTAL OF \$ _____

Please choose one of the following options:

I will make my gift in a one-time payment

I will make a multi-year pledge with installments as follows:

2017: \$ _____ 2018: \$ _____ 2019: \$ _____

I wish to make recurring payments of:

\$ _____ per installment Monthly Quarterly Annually

Begin: ____/____/____ End: ____/____/____

If making a pledge:

Please send me a reminder on ____/____/____

PAYMENT OPTIONS

I am enclosing a check (made payable to API Chaya)

I will pay by credit card: Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Exp. ____/____

CVV: _____

Cardholder's Signature: _____

Signature for Pledge/Donation _____ Date ____/____/____

Please send your pledge form to: API Chaya -OR- info@apichaya.org

P.O. Box 14047

Seattle, WA 98114

Tax receipts will be issued for all gifts. Thank you for your support!