



Yes! I want to help Hagar Services Coalition, Inc. build local communities for the 21st century.

Accept my gift of: \$50 \$100 \$250 \$500 \$1,000 Other Amount \$ _____

I'd like to make an automatic monthly contribution of:

\$10/mo. \$25/mo. \$50/mo. \$100/mo. Other Amount \$ _____

NAME ADDRESS CITY STATE ZIP

EMAIL PHONE

My check, payable to Hagar Services Coalition, Inc. is enclosed.

Charge my debit or credit card: Visa MasterCard American Express

CARD NUMBER EXPIRATION

SIGNATURE

Double your impact! Find out if your employer will match this gift.

I have included Hagar in my will or trust.

Please send me information about including Hagar in my estate plans.

My gift is: In Memory of: In Honor of: _____.

Please send notification of my contribution to:

NAME ADDRESS CITY STATE ZIP

EMAIL PHONE

Return this page to:

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Thank you!