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## Donation Form

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

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

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

Please Indicate the Donation Purpose: \_\_\_\_\_

Does Your Employer Match Gifts?  Yes  No If Yes, Please Include Employer Name and Address:

Payment Options: Telephone) 310-410-8190 Online) [lifesteps.org](http://lifesteps.org) Mail) Life Steps Foundation  
5757 W. Century Blvd., Ste. 880  
Los Angeles, CA 90045

Attn: Development

Life Steps Foundation is a nonprofit 501(c)(3) organization. Your donation is tax deductible to the fullest extent permitted by law.

### Please Enter Donation Payment Information

Date \_\_\_\_\_

Paid by **cash** in the amount of \$ \_\_\_\_\_

My **check** in the amount of \$ \_\_\_\_\_ is enclosed (*Please make payable to Life Steps Foundation*)

Please charge \$ \_\_\_\_\_ to my **credit card** in \_\_\_\_\_ installment(s) beginning on (enter date): \_\_\_\_\_

Please print your full name as it appears on the card \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address Associated with the Card \_\_\_\_\_

Payment Authorization Signature \_\_\_\_\_

I would like to donate in the form of **stocks/securities** # of Shares \_\_\_\_\_ Symbol \_\_\_\_\_

*Please call (310) 491-9010 or email [drimerman@lifestepsfoundation.org](mailto:drimerman@lifestepsfoundation.org) to receive transfer instructions.*

Thank you for your generosity towards Life Steps Foundation and the individuals we serve. Please call (310) 410-8190 with any questions you may have.

#### For LSF Office Use Only

• Name of LSF Staff Member Accepting/Substituting Donation \_\_\_\_\_

• Location  LSF HQ  LSF CAFS  LSF CCAS  LSF NCAS  LSF SCAS  LSF SMWC