



Hispanic 100 Policy Committee Donor Form 2019-2021

Yes, I would like to support the Hispanic 100 Policy Committee, a non-profit, tax-deductible 501(c)4 organization

Enclosed is my contributions of: \$ _____

Payment made via CHECK NO. _____ (Please make checks payable to Hispanic 100 Policy Committee)

Payment made via CREDIT CARD NO. _____

EXPIRATION DATE: _____ SECURITY CODE: _____

Please complete the following information:

NAME: Pre-fix: _____ First: _____ Middle: _____ LAST: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

(Please complete if mailing address is a P.O. Box)

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK #: _____ CELL #: _____ FAX #: _____

EMPLOYER: _____ OCCUPATION: _____

EMAIL ADDRESS: _____

FOR CREDIT CARD PAYMENTS, please provide the following:

NAME ON CREDIT CARD: _____

BILLING ADDRESS ASSOCIATED WITH CREDIT CARD: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Mail or fax completed form & payment to the address listed below:

HISPANIC 100 POLICY COMMITTEE

P.O. Box 194

San Clemente, CA 92674

Fax (949) 606-9453

If you have any questions, please contact us at: info@hispanic100.org