



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out line only if you're making your donation on belief of an organization): _____

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

By providing your email address you will receive updated information on the on-going creation process of the campus and other ways you can help. You may unsubscribe at any time by either email, phone call or mail.

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to the New Horizons Institute

Please charge my credit/debit card:

Visa Master Card American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

OR Become a NHI-LA Super Defender!
Your monthly gift can increase the creation of the campus.

YES! Please bill my credit/debit card in the amount of \$ _____ per month.

YES! I would like to make a monthly gift in the amount of \$ _____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 310-641-6300.

Your questions and feedback are very important to us. Please feel free to contact us at 310-641-6300.

**Please mail this completed form and your check, if applicable, to
New Horizons Institute, 5907 South Holt Avenue, Los Angeles, CA 90056**