



InnVision Donation Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number (in case we need to contact you with a question about the donation): _____

Email: _____

How much do you wish to donate?: _____

Check (Please make checks out to "InnVision the Way Home". Mail to Christine at the address below.)

Credit Card (select one)

Card Name Visa, MasterCard, American Express (circle one)

Account: _____ Expiration date: _____ (mm/dd/yyyy)

Credit Card Payment options: One-time credit card payment

Monthly/Quarterly/Semi-annual credit card payment. Continue until: _____ (date)

Which InnVision program do you want this gift to support? _____ .

This gift is in honor of _____

This gift is in memory of _____

Please notify the following of this donation in honor or memory:

Name: _____

Address: _____

City/State/ZIP: _____

Please contact me about how I can make a matching gift from my employer.

Send to our secure fax at: 408 271-1798

Or mail to:

Christine Burroughs, CEO
InnVision the Way Home
1900 The Alameda, Suite 400
San Jose, CA 95126

Thank you!

You will receive a written receipt of your donation.

Questions? Call us at 408 380-8720.

Find us on the web at www.InnVision.org

InnVision is a 501c3 non profit, tax ID 77-0033628.

Benefiting Homeless Individuals and Families at 26 Sites in Silicon Valley