



Thank you for making a gift! We could not do this without you. Please print this form, complete it, and return to Dorothy Day House with your donation.

Donor First Name: _____ **Donor Last Name:** _____

Donor Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation applied toward:

- Wherever it is most needed
- Dorothy Day House Shelter
- Berkeley Community Resource Center
- Berkeley Emergency Storm Shelter
- Horizon Transitional Village
- Food Services
- Outreach Services

Mail Check to: **Dorothy Day House**
PO Box 12701
Berkeley, CA 94712

Circle One: Charge My Credit Card or Enclosed Check Account No.

_____ Exp Date _____ CVV _____ Zip Code _____

Signature: _____

My gift is given in Honor/Memory of (please circle): _____

Please send acknowledgement to: Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Please consider requesting a Matching Gift from your employer.

- YES!** I would like to receive Dorothy Day House's monthly e-newsletter and occasional direct mail.

Questions? Contact us at 510-705-1919 or info@dorothydayhouse.org

Legal Name: Dorothy Day House, A NonProfit Public Benefit Corporation

TAX ID#: 94-3158511