

Jimmie Heuga Legacy Foundation for MS **Donation Form**

Donor Information

Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Donation Information

Make general contributions to JIMMIE HEUGA LEGGACY FUNDATION FOR MS (JHF).

2500 1000

500 100

50 Other Amount \$ _____

Donation In:	Honor Of	Memory Of
Name _____		
Address _____		
City _____	State _____	Zip _____

I want to pledge: \$ _____ per Month Quarter Year

Payment Information

Check Enclosed
 Visa
 MasterCard
 American Express
 Discover

Cardholder's Name _____

Card Number _____ Expy Date _____ Security Code (CVVS) _____

Phone Number _____

Send this donation form and payment information to:
 Jimmie Heuga Legacy Foundation for MS
 340 S. Lemon Avenue #7579
 Walnut, CA 91789

Yes, I would like to receive more information on your events and programs.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____