



Donation Form

Your Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Donation

- One-Time Gift
 \$500 \$250 \$100 \$50 Other: _____
- Monthly Gift
 Special Agent - \$11.00 per month
 Field Commander - \$20 per month
 Director of Operations - \$45.00 per month
 Independent Operator - \$_____ per month

Designation

- Designate this gift to a loved one
 In Honor of: _____
 In memory of: _____

Anonymous

- Check here if you'd like this donation to be anonymous

Payment

Chose from the following options:

Check: Mail registration form with check made payable to Project Independence to:

Project Independence
3505 Cadillac, Suite O-103
Costa Mesa, CA 92626

Online: Pay with credit card online at <http://pro-independence.org/donate-now>

Contact Todd Eckert at todd@proindependence.org or 714-549-3464 ext. 273

Thank you for your support!