



# ONE-TIME OR RECURRING GIFT FORM

**Support We Tell Stories!**  
**MAIL OR FAX YOUR GIFT WITH THIS FORM**

**Pledge \$10, \$12, \$14, or \$16 a month for the next 12 months!**

Please return this form along with your tax-deductible gift to:  
**We Tell Stories, 5740 York Blvd., Los Angeles, CA 90042**

All supporters receive our email-update. Check to receive the We Tell Stories Monthly Update:  via email,  no thank you

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I want to receive all correspondence via email.

**I want to make a one-time gift of \$ \_\_\_\_\_**

**CHECK ENCLOSED** or  **CHARGE IT.**  
 **VISA**  **MasterCard**  **American Express**  
**Card Number:** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**OR**

**I want to make an annual pledge or commitment of \$ \_\_\_\_\_, which I will pay over time.**

*Please enter your gift information:*

**Monthly**  **Quarterly** **Number of Additional Payments:**

**In increments of:**

I authorize automatic monthly charge in increments of:  
 \$5  \$10  \$20  \$25  \$35  \$50  \$100  Other \$ \_\_\_\_\_

Please charge my card on the \_\_\_\_\_ (date) of each month for \_\_\_\_\_ months.

*Please select your payment method for your monthly gift:*

**VISA**  **MasterCard**  **American Express**

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**PLEASE MAIL OR FAX TO WE TELL STORIES:** We Tell Stories, 5740 York Blvd., Los Angeles, CA 90042, **Fax: 323-256-3236**, Tel: 323-256-2336