



Hispanic 100 Policy Committee Donor Form 2016-2017

Yes, I would like to support the Hispanic 100 Policy Committee, Inc.

Enclosed is my contributions of: \$ _____

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Please complete the following information:

NAME: Pre-fix: _____ First: _____ Middle: _____ LAST: _____

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CITY: _____ STATE: _____ ZIP CODE: _____

(Please complete if mailing address is a P.O. Box)

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FOR CREDIT CARD PAYMENTS, please provide the following:

NAME ON CREDIT CARD: _____

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Mail or fax completed form & payment to the address listed below:

HISPANIC 100

P.O. Box 194

San Clemente, CA 92674

Fax (949) 606-9453

If you have any questions, please contact us at: info@hispanic100.org

Contributions to the Hispanic 100 Policy Committee are not deductible as charitable contributions for tax purposes.