

San Francisco Living Wage Coalition

- A Fiscally Sponsored Project of the Peace Development Fund -

- Donation is enclosed **Please make your check payable to: PDF/SF Living Wage Coalition**



- Please bill my credit card
(Check One)

MasterCard

VISA

AMEX

Discover

Name _____ (All contact information will be held in strict confidence.)

Address _____ City _____ State _____ Zip _____

Email _____ Telephone (_____) _____

Title and Organization (if any) _____

- List my name as an endorser (indicate if organization for ID only)
- I want to get involved. Contact me.
- I would like to become a member. (dues \$25 per year for individuals)
- Our union or organization would like to become a member. (dues are \$100 per year for unions or organizations)

Name on credit card _____

Account number _____

Exp. Date _____ Verification code _____

Cardholder's Signature _____

Total amount to be charged: \$1,000 \$500 \$250 \$100
 Other: _____

One time Monthly until _____ DATE

- You may list my name as a donor
- My support is anonymous
- Gift in memory of _____
- Gift in honor of _____

Today's Date:

**Mail to: San Francisco Living Wage Coalition
2940 - 16th Street #301
San Francisco, CA 94103**

**phone 415-863-1225, fax 415-863-1927
sflivingwage@riseup.net
www.livingwage-sf.org**

Thank you for your generous tax-deductible gift!