

Donation Form

Step 1: Please select the gift of your choice below:

- Apple a Day Package (\$1 per day for one year in one lump sum):**
Your Apple a Day gift will ensure that all children have a healthy start to their day with a wholesome and nutritious breakfast.
- \$50 Roots Package:**
Your Roots gift will provide one full day of housing, meals, day care and social services for a child.
- \$100 Supportive Branch Package:**
Your Supportive Branch gift will provide a woman one more day of residential treatment services as they work to make a better life for themselves and their children.
- \$250 Green Leaf Package:**
Your Green Leaf gift grants a child two weeks of therapeutic day care in a loving and supportive environment.
- \$500 Red Leaf Package:**
Your Red Leaf gift will provide one month's worth of comprehensive outpatient services for a member of the community.
- \$1000 Gold Leaf Package:**
PROTOTYPES' childrens' services are primarily unfunded. Your Gold Leaf gift will afford a child with 20 days of residential services with their mother.
- OTHER** \$ (Please enter your gift amount)
PROTOTYPES invites you to enter the gift of your choice!

Watering Can Option

- I would like to make this a recurring gift for:
Forever 1 2 3 4 5 6 7 8 9 10 11 12
(Circle Frequency of Gift)
- Months Quarters Years
(Check Duration of Gift)

Note: You may cancel your recurring gift at anytime by contacting PROTOTYPES at donate@prototypes.org.

Step 2: Please note if this gift was made in honor or in memory of someone special:

Skip Step 2

OR

My gift is: (pick one)

In Memory of ...

In Honor of...

Please send a notification on my behalf to:

Name: _____

Via Mail

Mailing Address: _____

Via E-mail

Email address: _____

Step 3: Please enter your payment and/or contact information:

Name: _____

Email Address: _____

Phone Number: _____

I would like to make a donation by:

Check

**Please make checks payable to
PROTOTYPES and mail to:**
PROTOTYPES
Development Office
1000 North Alameda Street, Ste. 390
Los Angeles, CA 90012

Credit Card

Cardholder's Name: _____

Credit Card Number: _____

Card Type: VISA Master Card American Express

Expiration Date: ____/____

We require that you enter the CVV2 or CVC2 security code printed on your credit card for additional security. This is a 3 or 4 digit number that is printed on your card, unlike the account numbers that are embossed. Requiring this information prevents anyone who may have obtained your account number and expiration date from processing a donation on your card. You need your card in front of you to refer to the code and process a donation.

Security Code: _____

Billing Address:

Mailing Address: (Same as Billing Address)

Please send a donation acknowledgment to my: email address mailing address

When your donation form is complete, please mail to:
PROTOTYPES
Development Office
1000 North Alameda Street, Ste. 390
Los Angeles, CA 90012

Thank you for your generous donation!