



Donation & Membership Form

Mail completed form, with check or credit card information, to: AAPIP – South Asian Giving Circle, 200 Pine Street, Suite 200, San Francisco, CA 94104. For more information, please visit our website at www.southasiangivingcircle.org.

Contact Information

Name: _____

Address: _____ City/State/Zip: _____

Phone: (____) _____ Email: _____

- Please email me a ballot so I may vote for grantees
- I would like to make this gift in honor of: _____

Donation Information

YES! I would like to make a gift to the South Asian Giving Circle in the amount of:

\$100 \$250 \$500 \$1000 \$_____

Enclosed is my check payable to AAPIP/South Asian Giving Circle

Please charge my gift to my:

Visa Mastercard American Express

Name as it appears on card: _____

Account #: _____ Exp Date: _____ Security #: _____

Signature: _____

- My company will match my contributions
- Please list me anonymously in any printed receipts

Monthly Contribution

I would like to make a MONTHLY contribution to the South Asian Giving Circle. I authorize the South Asian Giving Circle to charge my credit card each month for the next 12 months, in the amount of:

\$10 \$25 \$50 \$100 \$_____

Please complete credit card information above