



Donor Commitment Form

Thank you for supporting Chelsea's Voice in our mission to help improve the quality of life for those with disabilities and the family members that care for them.

Tax ID 83-1734395

Company Name/Donor

Primary Contact

Address

City

State

Zip

Phone

Email

Please select your level of commitment:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other

☐ Monthly Donation of

☐ Item Description/Value

Please select your payment method:

☐ Checks payable to Chelsea's Voice

☐ Credit Card

CreditCard Number:

Exp Date:

Name on Card

Billing Zip

CVV

Please mail original form to:

Chelsea's Voice, P.O. Box 180339, Coronado, CA 92178