



Donation Form

Contact Name _____

Job Title _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

I will pay by: Visa MasterCard

Name on Credit Card		
_____	_____	_____
Credit Card Number	Expiration	3-Digit CVV Code

Please fax or send this form to:

Leila Mirzai
The Impact Fund
125 University Avenue, #102 • Berkeley, CA 94710
Fax: (510) 845-3654 • Phone: (510) 845-3473, ext. 302