



629 Alta Avenue  
Santa Monica 90402

Phone: (310) 650-6290  
www.rowla.org

## Donation Pledge Form

I would like to help support RowLA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gift Amount: \_\_\_\_\_

Credit Card Type (Please circle one): Visa / MasterCard / American Express / Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

You may also send your check, made payable to:

**RowLA:**

629 Alta Avenue  
Santa Monica 90402  
USA