



CCNMA: Latino Journalists of California

DONATION FORM

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City, State, Zip: _____

Email: _____ Phone: _____

I am donating a total amount of \$ _____ to CCNMA.

Signature: _____ Date: _____

This amount will be paid in the following way:

as a one time payment in full.

\$ _____ Paid Monthly Paid Quarterly Paid Biannually

\$ _____ per year for _____ years, commencing on _____

***CCNMA is registered under section 501(c)(3) of the US Internal Revenue Code.
Gifts made are deductible to the full extent of the law. Tax ID# 95-3020829***

PAYMENT OPTIONS:

Checks:

Make checks payable to:

CCNMA

USC Annenberg School for Communication & Journalism
727 W. 27th St., Room 201
Los Angeles, CA 90007-3212
Ph. 213.821.0075 Fax. 213.743.1838

Credit Card:

Cardholder Name: _____ Expiration Date: _____

Account Number: _____ Security Code on Card: _____

Billing Address (if different from above): _____

Signature _____ Date _____