



DONATION FORM

Name of Donor (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Amount of Donation: \$ _____

I prefer to make my donation by:

American Express Discover MasterCard Visa

Credit Card Number: _____ Exp. Date _____ Security Code _____

Name as it appears on card: _____

Signature: _____

Check or Money Order (Payable to The Steve Harvey Foundation)

Please mail payment to
The Steve Harvey Foundation
3565 Piedmont Road, Building 3, Suite 105
Atlanta, GA 30305

The Steve Harvey Foundation is a 501(c)(3) organization and your gift is tax deductible, as the law allows.

Tax ID #68-0670493