



CAMP FIRE DONATION FORM

Name (either individual or business): \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

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

Donation amount: \_\_\_\_\_

Please Make Checks Payable to HHP and mail to:

HHP  
One Capitol Mall, Suite 800  
Sacramento, CA 95814

For Credit Card Donations please fill in the following:

Visa

Master Card

AMEX

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

Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

I authorize HHP to make this one-time donation amount as outlined above.

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

\*Receipt will be emailed once payment is processed