

THE CORAL REEF ALLIANCE (CORAL) DONATION FORM

Please select a gift amount:

\$35 \$50 \$75 \$100 \$250 Other: _____

Your Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

- Subscribe me to *E-Current*, CORAL's bi-monthly free electronic newsletter.
- Please contact me about including CORAL in my estate plans.
- Please do not share my name with other organizations.

Please select a payment method:

Check Visa MasterCard American Express Discover

Please make checks payable to The Coral Reef Alliance. If your credit card billing address is not in the US or Canada, we will not process your donation. Please pay for your donation by check.

Credit Card Number _____ Exp. Date _____

Signature _____ Date _____

Friend of the Reef Monthly Giving Program

I want to be a *Friend of the Reef* and make a monthly contribution. Please charge my credit card \$_____ every month. I understand that I can change or cancel my pledge at any time.

Tribute or Memorial Gift

I'd like to make this gift in honor of memory of _____

to recognize the following event: memorial wedding birthday anniversary

other: _____

Please send acknowledgement of my gift to (I understand that the amount of my gift is not mentioned in the acknowledgement letter):

Name _____

Street Address _____

City, State, Zip Code _____

Please return this donation form by mail, fax, or email to:

CORAL, ATTN: Membership, 351 California St., Ste. 650, San Francisco, CA 94104

Fax (415) 834-0999 / Phone (415) 834-0900 x306 or 1-888-267-2573 / membership@coral.org

Your donation to The Coral Reef Alliance (CORAL) (Tax ID #94-3211245) is tax-deductible to the fullest extent allowed by law. Unless otherwise stated, you received no material goods or tangible services other than the satisfaction of supporting the important work of The Coral Reef Alliance.