

# Sitike Counseling Center Donation Form

*Please print, complete and mail this form to:*

*Sitike  
306 Spruce Street  
South San Francisco, CA 94080*

**Yes! I want to be a friend of Sitike!**

Enclosed is my contribution of:

\$50

\$100

\$200

\$500

\$1,000

\$\_\_\_\_\_ (other)

I would like to pledge \$\_\_\_\_\_ per month for one year.

I am enclosing \$\_\_\_\_\_ now

Please bill me for my pledge monthly.

Name \_\_\_\_\_

*(As you wish to be acknowledged)*

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

This donation is:  In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

***We thank you for your support of Sitike Counseling Center***