



Please mail this form and your check or money order to:
Portals – A Division of Pacific Clinics
Attn: Fund Development Department
679 S. New Hampshire Avenue, 5th Floor
Los Angeles, CA 90005-1355

Date _____ (Please PRINT all information clearly)

Enclosed is my check/money order in the amount of \$_____ payable to **Portals**.

My Name: _____

Address: _____ Daytime Phone: (____) _____

City/State/ZIP _____ E-Mail: _____

(An acknowledgment of your tax-deductible gift will be sent to the address above.)

DONATION TYPE (please choose one):

- General Donation** (*where it is needed most*)
- Portals Foundation** (*Western Avenue Renovation Project*)
 - Marv Weinstein Memorial Tribute*

Gift in Memory of: _____
(*name of deceased*)

Send Acknowledgment Card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your card to be signed? _____
(*name or names*)

Gift in honor of: _____
(*name of individual*)

Send Acknowledgment Card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your card to be signed? _____
(*name or names*)

Thank you for your support of Portals and its mission to turn lives around!