

Yes!! I would like to contribute to the TALBERT FAMILY FOUNDATION,  
and support The Mark Vasquez Medical Fund

## THE MARK VASQUEZ MEDICAL FUND DONATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

### I'm supporting **The Mark Vasquez Medical Fund**

**Life-Changing**-----\$1,000

- Paid in full  
 10 monthly payments of \$100

**Celebration**-----\$250

- Paid in full  
 5 monthly payments of \$50

**Mission**-----\$50

- Paid in full  
 2 monthly payments of \$25

**Valor**-----\$750

- Paid in full  
 10 monthly payments of \$75

**Journey**-----\$100

- Paid in full  
 4 monthly payments of \$25

**Other Amount**-----\$\_\_\_\_\_

- Paid in full  
 \_\_\_\_\_ monthly payments  
of \$\_\_\_\_\_

I am donating the following good/services to be used in future events:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declared value of goods/services \$\_\_\_\_\_

**I'm paying now in full** \$\_\_\_\_\_

Visa/MC Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

**I'm making installment payments:**

\_\_\_\_\_ monthly payments totaling \$\_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Payments: check Visa/MC/Amex/Discover

Billing Zip Code \_\_\_\_\_

Make checks payable to **The Talbert Family Foundation**

Please mail this form and check, if applicable, to:

**The Talbert Family Foundation**  
**The Mark Vasquez Medical Fund**  
25003 Jim Bridger Road  
Hidden Hills, California 91302

Thank you for supporting the The Mark Vasquez Medical Fund. Pledges are tax deductible to the fullest extent of the law. Tax ID #20-0330559. Donations are non-refundable.

**[www.TalbertFamilyFoundation.org](http://www.TalbertFamilyFoundation.org)**