



Your gift will help us heal one more woman, one more child from violence.

To make your gift, please fill out this form, then fax it with your credit card information to 916.443.7183 OR mail it with your check, money order, or credit card information to:

**Attn: Donations**  
**WEAVE, Inc.**  
**1900 K Street**  
**Sacramento, CA 95811**

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**I want to improve the lives of women and their children exposed to violence.**

I would like to contribute: \$ \_\_\_\_\_

One-time gift     Recurring monthly gift

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

For credit card donation, please provide this additional information:

Name (as it appears on the card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (MM/YY) Security Code \_\_\_\_\_

Credit Card (circle one) AMEX    VISA    M/C

Signature \_\_\_\_\_

To make your donation in memory of, or in honor of, someone special please fill out the below:

Please circle one: In memory of / honor of

I would like WEAVE to send a note to the Honoree above to notify them that I have made a donation in their name.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

If you have questions about WEAVE, please reach out to Jordyn at [jpruitt@weaveinc.org](mailto:jpruitt@weaveinc.org) or 916-319-4981.