

CONTRIBUTION

Please accept this contribution to SAG-AFTRA Foundation in the amount of:

\$1,000 \$5,000 \$10,000 \$20,000 \$25,000 Other: \$ _____

Frequency of Payments (select one):

Monthly Quarterly Semi-Annually Annually One Time

I understand this contribution will be used for general operating costs to support the programs of the SAG-AFTRA Foundation.

INFORMATION

Name: _____ Business Name: _____

Address (personal or business): _____

City: _____ State: _____ Zip: _____

Assistant Name: _____ Assistant Phone: _____

Assistant Email Address: _____

Business Manager Name: _____ Business Manager Phone: _____

Credit Card: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date: _____ CCV Number: _____

Credit Card Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Enclosed is my check in the amount of \$ _____

Signature Date

Checks can be sent to the
SAG-AFTRA Foundation:
5757 Wilshire Blvd, Suite PH1
Los Angeles, CA 90036

Wire transfers can be made to:
Bank Information:
City National Bank
400 North Roxbury Drive, Suite 500
Beverly Hills, CA 90210
ABA / Routing #: 122016066
SWIFT: CINAUS6L

Beneficiary Name:
SAG-AFTRA Foundation
Account #: 127668280
Address: 5757 Wilshire Blvd, PH1
Los Angeles, CA 90036
Reference: SAF

Questions? Contact:

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Donations can also be made at www.sagaftra.foundation/donate