



Donation Form

Kitchen Table Giving Circle

Providing resources to Black/African Descent LGBTQ Women led projects and organizations as we develop and strengthen our ability to give.

Donor Information (please print or type)

Name	
Address	
City, State, Zip Code	
Telephone and Email	

Membership Donation Information:

I (we) pledge \$750 \$500 \$250 \$100 \$50 \$25 \$10 Other: \$_____

Minimum membership contribution is \$60 per year.

Contributions will be made/are to be deducted:

Weekly Monthly Quarterly Bi-Annually Yearly Other: _____

Supporter Donation Information:

A one time donation in the amount of:

\$750 \$500 \$250 \$100 \$50 \$25 \$10 Other: \$_____

I (we) plan to make this contribution in the form of:

Cash Check (Number if donating today: _____) Credit Card Other: _____

Credit card type	
Name on Card	
Expiration Date	Card number:
Billing Address if different from above	
Authorized signature	

Gift will be matched by: _____ (company/family/foundation).

form enclosed form will be forwarded

Please make checks, corporate matches, or other gifts payable to:

**Astraea Lesbian Foundation for Justice – 116 East 16th Street, 7th Floor, New York, NY 10003,
Add Kitchen Table Giving Circle in Memo Field**

Acknowledgement(s):

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements: _____

Date:	Signature(s):
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Kitchen Table Giving Circle has partnered with Astraea Lesbian Foundation for Justice to facilitate your transaction. You will see Astraea Lesbian Foundation for Justice associated with this transaction. The Astraea Foundation is a tax-exempt organization under the 501(c)(3) code of the IRS. Your donation is tax deductible to the fullest extent allowed by law.