

Support the Hispanic Foundation of Silicon Valley



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Enclosed is my donation

Please process my credit card

City, St, Zip: _____

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I would like to make a re-occurring monthly donation in the amount of \$ _____ *

**Reoccurring donations will be processed the first week of every month via credit card*


I would like to make this donation on behalf of _____


I would like to make this donation in memory of _____

Please send acknowledgement of this gift to,

Name: _____

Address: _____

 **Forms can be mailed to:**
Hispanic Foundation of Silicon Valley
1922 The Alameda, Suite 217
San Jose, CA 95126

 **For more information**
please contact us at 408-216-7612

 **You can also donate online**
at www.HFSV.org