

SUSTAINER GIVING FORM

KIWA empowers low-wage Latino/a and Korean immigrant workers and residents in LA's Koreatown through multi-ethnic organizing, leadership development, programs and services, research, policy advocacy, and case management (in Spanish, Korean, and English).



When you participate, your contribution will be transferred conveniently from your checking account or credit card directly to KIWA. Your contribution will go even further because our paperwork will be reduced; our income will be more predictable, putting your contribution to work immediately to help the people who are served by our mission.

1053 S. New Hampshire Ave. #1P
Los Angeles, CA 90006
213-738-9050 x 1 • www.kiwa.org

Name(s) _____ Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

For office use only:
Member ID _____

I'd like to make a ___ Monthly ___ Quarterly ___ Annual ___ One-time contribution of \$ ____.

Please process my contribution on the ___1st ___5th ___10th ___15th ___20th **OR** ___25th of the month.

I plan to make this contribution in the form of _____ Checking Account **OR** _____ Credit Card



Credit Card Number _____ Expiration Date ____ / ____

Enclosed is a check for my first month's donation **OR** credit card information for my contribution. Please transfer my contribution from my checking/credit card account. I understand my future contributions will be transferred directly from my account as stipulated above and I may increase, decrease, or suspend my contribution at any time through the online form provided at www.KIWA.org, or by contacting KIWA by phone or mail. All contributions provided to KIWA comply with U.S. Law.

Signature (Required) _____ **Date** _____

KEEP THIS PORTION FOR YOUR RECORDS

You may increase, decrease, or suspend your contribution at any time through the online form provided at www.KIWA.org, or by contacting KIWA by phone or mail. All contribution provided to KIWA comply with U.S. law.

For your convenience, record the specifications of your contribution in the amount of \$ _____ below:

Frequency of contribution: ___ Monthly ___ Quarterly ___ Annual ___ One-time

Processing Date: ___1st ___5th ___10th ___15th ___20th **OR** ___25th of the month.