



HARRIETT BUHAI  
CENTER FOR  
FAMILY LAW

**YES!**  
I want to help protect victims of domestic violence  
and improve the well-being of children living in poverty.

### Donor Recognition Levels

Donor levels listed here will have individual name listing in professional publications, Annual Report, at events, and in all Harriett Buhai Center for Family Law communications.

**Leader** \$50,000+

**Champion** \$40,000-49,999

**Guardian** \$30,000-39,999

**Sustainer** \$20,000-29,999

**Partner** \$10,000-19,999

**Benefactor** \$5,000-9,999

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Donor levels listed here will have individual name listing in the Harriett Buhai Center Annual Report.

**Friend** \$500-1,499

**Associate** \$250-499

**Supporter** \$1-249

### Other giving options

I would like to join the **Circle of Justice** and make a multi-year pledge.

I would like to make a gift from my donor advised fund.

I am interested in making a gift of stock.

My employer will match my contribution.

I am interested in donating through my Individual Retirement Account.

I am interested in making a challenge gift to encourage others to give.

I've included the Harriett Buhai Center in my will or estate plan.

To make a gift online, please visit [www.hbcfl.org](http://www.hbcfl.org). The Harriett Buhai Center is a 501(c)(3) nonprofit corporation. Gifts are deductible to the extent provided by law. The Center's EIN (tax ID) number is 95-3943493. All gifts are recognized for 12 months from the date of pledge/contribution.

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to the Harriett Buhai Center for Family Law.

Please charge my credit card in the amount of \$ \_\_\_\_\_  
 Visa  Master Card  American Express

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-4 Digit Security Code: \_\_\_\_\_

Billing Address  
(if different from mailing): \_\_\_\_\_

If you have any questions or want more information, please call (213) 388-7505 ext. 317 or email us at [century@hbcfl.org](mailto:century@hbcfl.org).

I would like to make my total contribution in monthly installments.

Installment Amount: \$ \_\_\_\_\_ Number of Installments: \_\_\_\_\_

YES! I would like to join Harriett Buhai Center's **Circle of Justice** and make a multi-year pledge.

Amount of Annual Pledge: \$ \_\_\_\_\_ Number of Years: \_\_\_\_\_

This gift is made in tribute /honor /memory of: \_\_\_\_\_

Please notify \_\_\_\_\_ of this gift.

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please send contributions or correspondence to:

**Harriett Buhai Center for Family Law**  
**3250 Wilshire Blvd., Ste. 710**  
**Los Angeles, CA 90010**