



Donation Form

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

Enclosed is my check payable to: **Assistance League of Capistrano Valley**

Please charge my donation of \$_____ to: MasterCard Visa

Credit Card # _____ Exp. Date: _____

Signature _____
(Signature Required with Credit Card Donations)

Yes! I'd like to receive information about becoming a member.

Please send this completed form to:

Assistance League of Capistrano Valley
P.O. Box 133
San Juan Capistrano, CA 92693

Thank you for your generous donation!

Please retain a copy of this form for your records.

It serves as a receipt for your tax-deductible donation.
No goods or services were provided in consideration of this donation.

**ASSISTANCE LEAGUE OF CAPISTRANO VALLEY IS A NON-PROFIT 501(C)(3)
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