



Donation Form Honoring Family and Friend

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

I would like be honor or remember the following:

Please send a card will be sent acknowledging the donation to;

Name: _____

Address: _____

City, State, Zip: _____

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) corporation.

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