



## Assistance League North Coast

Print this form and mail it with your donation to:

Date: \_\_\_\_\_

**Assistance League North Coast**  
**PO Box 2682**  
**Carlsbad, CA 92018-2682**

I would like to make a financial donation to help those in need through the philanthropic programs of Assistance League North Coast.

- My check is enclosed for \$ \_\_\_\_\_. Please make check payable **to Assistance League North Coast.**
- Please charge my credit card (Visa/Mastercard)

Card number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please complete the following information so that we may send you a letter of thanks and a receipt for tax purposes.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone( ) \_\_\_\_\_

Assistance League North Coast publishes donor names and/or amounts in various publications viewed in the community. Please indicate your wishes regarding this information below. Sample publications and our full privacy policy are available for your review in our office or on our website.

- \_\_\_ You may publish my name only  
\_\_\_ You may publish my name and donation.  
\_\_\_ Do not include any information as I wish the donation to remain anonymous.

Signature \_\_\_\_\_

Would you like to receive an invitation to our Autumn Fantasy fund raiser each year? Yes \_\_\_ No \_\_\_

**Your generosity is greatly appreciated and will make a difference in the lives of North County residents in need.**