



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 honor: _____

Name in Full (please print)

This is a: Memorial Tribute

Donor Information: Name _____

Address _____

City _____ State _____ Zip _____

Telephone() _____

Please send an acknowledgement to: (person whom you wish to notify of your gift)

Name _____

Address _____

City _____ State _____ Zip _____

Payment:

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 \$ _____

Billing address _____

Privacy: 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.