

# THANK YOU FOR YOUR DONATION TO THE CALIFORNIA ALLIANCE!

NAME \_\_\_\_\_

COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## METHOD OF PAYMENT:

CHECK: PAYABLE TO "CALIFORNIA ALLIANCE"    VISA    MASTER CARD    AMERICAN EXPRESS

CARDHOLDER NAME \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

AMOUNT OF CONTRIBUTION: \$ \_\_\_\_\_

*Fill out and mail  
with your payment.*

*Thank You.*

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