



DONATION FORM

(Please print, retain a copy for your files, and mail)

YES, I would like to invest in COPA's work of developing leaders and engaging ordinary citizens in public life for restoring the common good of the Central Coast.

Name: _____

Affiliation (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Enclosed is my check for \$_____.

I'd like to make a monthly contribution from my checking account in the amount of \$___ per month. My voided check is enclosed.

I'd like to contribute by credit card in the amount of \$_____.

I'd like to make a monthly contribution by credit card in the amount of \$ ___ per month.

Credit Card Information:

Card Number: _____ Expiration Date: _____

Card Type: Visa Mastercard American Express

____ (initial) I understand that a record of my gifts will appear on my bank or credit card statement and I can increase, decrease or suspend my giving by calling COPA at 831-728-3210. All gifts provided to COPA originating as Automatic Clearing House (ACH) transactions comply with U.S. law.

Contributions are tax-deductible to the fullest extent allowed by law. A receipt of your donation will be sent to you within two weeks for one-time contributions. For monthly contributions, a receipt will be sent at the end of the calendar year.

COPA 95 Alta Vista Ave. Watsonville, CA 95076 phone: 831-728-3210