



## 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**