



**CALIFORNIA RURAL LEGAL ASSISTANCE FOUNDATION
DONATION FORM**

Contributor's Name(s) _____

Telephone _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Payment Method

Please charge gift to my credit card:

- Amex
- Visa
- MasterCard

Card number _____ Expiration Date _____

Signature of Cardholder _____

- Please enroll me in your monthly giving program. Please charge \$_____ per month on the ____ day of the month starting _____ (date).

A check made payable to CRLAF for \$_____ is enclosed.

Stock Donation: To donate stock please call Rebekah Sophia at 858-429-9394

My Employer Has a Matching Gift Program, contact: _____

Mail Completed Form and Donation to:
California Rural Legal Assistance Foundation
2210 K Street, Suite 201
Sacramento, CA 95816