

Mail-In Donation Form

Name					
Address					
City		Sta	ate	Zip	
E-mail		Ph	ione		
	Enclosed is my check for \$ (Make checks payable to Casa Youth Shelte				
Please charge my gift of \$to the cr			card below.		
	□ Visa □ MasterCard	American Express	□ Discover		
Acc	ount Number		Exp.Date	Code	
Name as it appears on credit card					
Signature (required)					
	onymous				
□ I prefer to make this donation anonymously; please do not publish my name as a donor.					
Business/Corporate Gift					
This donation is on behalf of my company					
 I want to become a sustaining monthly supporter! Please charge my credit card each month in the amount of \$ I have provided my credit card information above. I would like more information about how to leave a planned gift to Casa Youth Shelter. 					
This gift is in memory of/in honor of (<i>circle one</i>)					
Please notify the following individual(s) of my gift:					
Name					
	Address City State Zip				
City_		01d		ZIP	
Please mail this form, along with your donation, to: Executive Director Casa Youth Shelter P.O. Box 216 Los Alamitos, CA 90720		our donation, to:	Your g difference youth ir	IANK YOU! ift will make a e in our work for n crisis and we te your support.	
For questions, please contact Liz Crozer at (562) 742-3959 or			L		

lcrozer@casayouthshetler.org.