

## **Mail-in Donation Form**

Easterseals Northern California Attn: Development Team 2730 Shadelands Drive Walnut Creek CA 94598

## Donate today and help us create a more equitable world so individuals with developmental disabilities can choose their path!

Name:			Billing Address:						
City:				State/Province:			Zip/Postal Code:		
Country:		_ Phone <sup>3</sup>	Phone*:		Email:				
Please email me news and information about Easterseals Northern California.									
Preferred Format:		HTML	Plain						
*Please provide phone should we have problems or questions in processing your donation.									
Enclosed is my tax-deductible gift of:									
\$500	\$100	\$50	\$25	Other \$_		-			
Check enclosed (Make check payable to: Easterseals Northern California)									
Please char	ge my:								
VISA	Discover	Amer	ican Expre	ess	Mastercard	d			
Credit Card #: _					CVC:		Expiration:		
Signature:									

Once your donation has been processed, Easterseals Northern California will e-mail you a receipt for your records.

## **Thank you!** Your generosity improves the lives of people with disabilities and their families.