



A child's voice, a child's life. Lifted up by you.

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## Donate by Mail

I would like to help CASA of Sonoma County with a donation of:

\$100     \$200     \$500     \$1,000     \$2,500    \$  Other Amount

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method:

Check or money order made payable to CASA of Sonoma County

Credit Card:  VISA     MasterCard     AmEx

Cardholder Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: (3 digits on back/4 digits on front for American Express) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This donation is:  in honor of  in memory of

Name: \_\_\_\_\_ Notification to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I prefer for my donation to remain anonymous.

I am interested in receiving planned giving information.



Mail form to: **CASA of Sonoma County**  
**P.O. Box 1418**  
**Kenwood, CA 95452**