



Please print this form, fill it out, and mail it to:

California ReLeaf
2115 J Street, Suite 213
Sacramento, CA 95816

I am donating: ___\$250 ___\$100 ___\$50 ___\$25 _____ Other

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POST CODE _____

PHONE _____

Should we have problems or questions in processing your donation.

EMAIL ADDRESS _____

Yes, I'd like to receive California ReLeaf's *California Trees* newsletter
 Electronic copy Paper Copy

Yes, I'd like to be added to California ReLeaf's email list for important updates and news

Payment Information

Personal check enclosed

Please charge my: MasterCard VISA AMEX DISCOVER

CREDIT CARD NO. _____ EXPIRES _____

CSC Security Code _____

For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.

SIGNATURE: _____