



Enclosed, please find my gift of: \$ _____

Please check one:

- I want my gift to be used for the area with the greatest need.
- I want my gift to support a specific area of CCSLS's work. Please indicate below:

Donor Information

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

Please complete this form and mail to:

Contra Costa Senior Legal Services
2702 Clayton Road, Ste. 202
Concord, CA 94519

- I would like for this gift to remain Anonymous
- My employer will match my gift
- I would like to learn more about Planned Giving

Honor/Tribute Information

This gift is being made in Honor Memory of: _____

I would like the following individual to be notified of my gift (provide name & contact information)

Name: _____ Email: _____

Address: _____

Payment Information

I have enclosed a check in the amount above made payable to Contra Costa Senior Legal Services

Please Charge My: Visa MasterCard American Express Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____/_____/_____ Signature: _____

Please enroll me in a monthly giving plan with monthly installments of \$ _____

Thank You for Your Gift!