

MISSION COMMUNITY SERVICES CORP.

DONOR FORM

*I would like for my gift
to apply to the:*

Annual Fund - "Keep us going!"

Capital Fund - "Help us increase our impact!"

Program Area Where Needed Most

Your First Name: _____ Your Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

I prefer to make my donation by:

Check or Money Order (made out to "MCSC")

Monthly pledge for \$ _____ that I will mail to MCSC each month throughout 2006..

Signature _____

MEMORIAL/TRIBUTE INFORMATION

Name of person you wish to remember/honor: _____

Name of person to be notified of gift: _____

Address: _____

Personal message: _____

please mail your gift to: **Mission Community Services Corp.**
4111 Broad St., Suite A, San Luis Obispo, CA 93401-7903

Your donations are much appreciated by MCSC, and more importantly, by the individuals whose lives will improve because of your generosity. Please help us close the gap on poverty.

Thank You!