

NORCAL CENTER ON DEAFNESS DONATION FORM

NorCal Center on Deafness is a 501(c)(3) not-for-profit organization, therefore your contribution is tax-deductible to extent allowed by law.

Contact Information

Name: _____

Business (if business donation) _____

Address: _____

_____ Zip _____

Phone: _____ Email: _____

Select Gift Options

- General Donation** _____ AMOUNT
- Specific Donation** _____ AMOUNT
- Memorial Gift** _____ SPECIFY NAME OF PERSON _____

Select Payment Options

✓ **Credit Card** _____ Mastercard _____ Visa _____

Name (as it appears on card) _____

Account #: _____ - _____ - _____ - _____ Expiration Date: _____

Signature: _____

Fax to (916) 349-7580, Email to Sparks@norcalcenter.org or Mail to address below.

✓ **Check** Make payable to NorCal Center on Deafness and mail to:

NorCal Center on Deafness
Attn: Sandy Parks
4708 Roseville Road, Suite 111
N Highlands CA 95660

Every donation is graciously appreciated!