



community of care

DONATION FORM

Thank you for your much-needed support. Casa De Los Angeles significant social impact to the children and thier familes would not be possible without your help. Please fill out of form below and mail it to the following address:

Casa de los Angeles / 14719 West 163rd Street / Homer Glen, IL 60491 / USA

Would you like to make this donation in honour/memory of someone?

Choice: None In Memory of In Honour of
Title: Mr. Mrs. Miss. Ms. Mr. & Mrs. Rev. Dr.
First Name: _____
Last Name: _____

Donor Information:

First Name: _____
Last Name: _____
School/Organization: _____
Grade (if in school): _____

Contact Information:

Street Address: _____
City: _____ Province/State: _____ Postal/ZIP Code: _____ Country: _____
E-mail: _____
Tel: _____
Tel: _____
Fax: _____

Donation Information:

Donation Amount : US Dollars CANADIAN Dollars
Frequency: One time Monthly Yearly

If donating by credit card, please fill the section below. If paying by cheque or postal order, please enclose it instead.

Credit Card Type: Mastercard VISA American Express
Credit Card Holder: _____
Credit Card Number: _____
Credit Card Expiry: Month: _____ Year: _____

Comments: _____

