



ALUMNI ASSOCIATION DONOR FORM

YES! I want to support student my Alumni Association!

1. Give us a call to process your donation @ 714) 484-7659
2. Complete this form and fax @ 714) 484-7657
3. Complete this form and mail back to us (attached is self-addressed envelope)

Contribution: Please check
___\$20.00
___\$30.00
___\$40.00
___\$50.00

Please direct my contribution to:

Mentor Program ___ Blood Drive/Bone Marrow ___ Cancer Walk

Payment Method:

Enclosed Check made payable to: Casa Loma College

Credit Card Information

Name on Credit Card _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

To charge, Indicate ___ VISA ___ MasterCard ___ American ___ Express Discovery

Credit Card Number: _____

CVV# _____

Total amount to be charged: \$ _____

Signature _____ **Exp. Date** _____