

I want to support the Cabrillo College Stroke and Disability Center.

Please print:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My gift is in memory of _____

My gift is in honor of _____

Please send acknowledgement to:



Thank you for your generosity.

Stamp

Cabrillo College Stroke and Disability Center
501 Upper Park Road
DeLaveaga Park
Santa Cruz, CA 95065

- Enclosed is my tax-deductible donation of:
- \$30 \$50 \$75 \$100 \$500 \$1000 Other _____
- Please make checks out to the The Cabrillo College Stroke and Disability Center.
- Your donation is completely tax deductible. Our Tax ID, # is: 94-6121953.
- I would like to learn more about services offered by the Cabrillo College Stroke and Disability Center.
- I would like to volunteer for the Cabrillo College Stroke and Disability Center.
- I would like to donate in-kind goods and services.
- I know others who would like to support the Center (names enclosed).