

Donation Form

Donation Amount

\$50 \$100 \$250 \$500 Other: _____

How often do you want to make this donation?

One Time Weekly Monthly Quarterly Annually

Personal Information

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email: _____

Billing Information

   

Account: _____ Expiration Date: _____

Security Code: _____ Signature: _____

Pay by check

To mail a check, please complete the relevant sections on the form and mail your check to our office.

CDCLI is a 501(c)(3) tax-exempt organization.
Tax Identification # 11-2221341