

Donation Form

Thank you for your support of the

Community Action Partnership of San Luis Obispo County, Inc.

Your donation will provide assistance to those in need in our community.

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

Please indicate if you would like your donation to go to a specific program:

- CAPSLO Action Fund
- Adult Day Care
- Child, Youth & Family Services
 - Head Start
 - Migrant & Seasonal Head Start
 - State Child Development Programs
 - Child Care Resource Connection (CCRC)
- Emergency Services/Eviction Prevention
- Energy Conservation
- Weatherization
 - Home Repair
 - Utility Assistance
- Health Services
 - Clinical Services
- Health Education
 - Youth Development
 - Liberty Tattoo Removal
- Homeless Services
 - Maxine Lewis Memorial Shelter
 - Prado Day Center
 - Case Management

Donation Amount:

- \$25.00
- \$50.00
- \$75.00
- \$100.00
- \$150.00
- \$500.00

Other: \$ _____

*Checks should be made payable to CAPSLO.
Contributions are tax-deductible.
Receipts will be sent via email or USPS per request.*

Please print and mail this form to:
Community Action Partnership of
San Luis Obispo County
1030 Southwood Drive
San Luis Obispo CA 93401
Attn: Marci Sperlo
Questions? Give us a call at
(805)544-4355, Ext. 102