

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: _____

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: Leslie McKinley
Questions? Give us a call at
(805) 544-4355, Ext. 183

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
- Martha's Place Children's Assessment Center