



Donation Form

Thank you for your support of the

Community Action Partnership of San Luis Obispo County, Inc.

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

Donation Amount:

\$25.00

\$50.00

\$75.00

\$100.00

\$150.00

\$200.00

\$500.00

Other:\$ _____

Checks should be made payable to CAPSLO.

Contributions are tax-deductible.

Receipts will be sent via email or USPS per request.

I prefer to charge my gift to :

Visa Mastercard

Card Number _____

Exp. Date _____ CVC _____

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

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

- Community Action Partnership Action Fund
- Adult Day Center
- Child, Youth & Family Services
 - Head Start
 - Migrant & Seasonal Head Start
 - State Child Development Programs
 - Child Care Resource Connection (CCRC)
- Family Support Services
 - Direct Services/Parent Education
 - Positive Opportunities for Parenting Success-POPS
 - Services Affirming Family Empowerment-SAFE
- Energy Services
 - Weatherization
 - Home Repair
 - Utility Assistance
- Health & Prevention
 - Generation Next
 - Youth Leadership
 - Education
 - Liberty Tattoo Removal
 - Reproductive Healthcare Clinics
 - Senior Health Screening
 - Teen Academic Parenting (TAPP)
- Homeless Services
 - Maxine Lewis Memorial Shelter
 - Prado Day Center
 - Case Management