



An individual or organization wishing to make a donation should print and fill out the donation form below and mail it along with a check to:

Assistance League of San Jose

PO Box 20174

San Jose, CA 95160

Enclosed is my check for \$_____. Please make checks payable to Assistance League of San Jose.

All funds raised benefit Assistance League of San Jose Philanthropic Programs.

Name _____

Address _____

City, State, Zip _____

___ My employer makes matching donations.

Name and phone number of employer _____

___ You have my permission to publish my name as a donor to Assistance League of San Jose.

___ Please add me to your mailing list.

___ Please add me to your email contact list. Here's my email address:

This donation is: ___ In honor of _____ ___ In memory of _____

Name _____

Address _____

City, State, Zip _____

Assistance League of San Jose is a 501(c)(3) organization,
Tax ID number 77-0033914.