

Join CAPS!

Please print this page, fill in the requested information and mail with appropriate amount (check, money order or credit card) to:

CAPS
1129 State St, Ste 3-D
Santa Barbara, CA 93101

Since CAPS is a 501(c)(3), contributions are tax deductible.

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(Optional) TELEPHONE (____) _____ FAX (____) _____

E-MAIL _____

Please know that your email address will never be shared with anyone.

MAY WE INCLUDE YOU ON OUR E-MAIL ACTION ALERT LIST? ___ YES ___ NO

HOW OR WHERE DID YOU HEAR ABOUT CAPS?

CHOOSE MEMBERSHIP PLAN:

I authorize Californians for Population Stabilization (CAPS) to charge a donation to my credit card as indicated:

___ \$25.00 (Regular)

___ \$50.00 (Friend)

___ \$75.00 (Supporter)

___ \$100.00 (Advocate)

___ \$250.00 (Benefactor)

___ \$500.00 (Sponsor)

___ \$1,000.00 (President's Circle)

I would like to make recurring donation of:

Amount: \$ _____

Monthly

Quarterly

Semi-Annually

Annually

Other Amount: \$ _____

Payment method: MasterCard Visa Amex Discover Check Enclosed

Card #: _____

Exp. Date: ____/____/____

Signature: _____

Thank you for supporting CAPS!