

Yes, I want to help the Orphanage kids. Please accept my donation of:

\$5 \$10 \$15 \$20 \$25

\$30 \$35 \$50 \$ _____

Please bill my: VISA MasterCard

Card# _____ Exp. Date _____

Signature _____

Name as it appears on card _____

Billing address _____

Send to:
El Sauzal Foundation, Inc.
625 Shady Lane
Placentia, CA 92870

www.elsauzal.org



Your Mailing Information:

Please print.

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

Email: _____

Your gift is tax-deductible. This contribution is made with the understanding that the El Sauzal Foundation, Inc. has complete control and administration over the use of the designated funds.