

Yes, I want to join Our Compadres in helping the Orphanage kids.
Please accept my monthly donation of:

- \$10 \$20 \$25 \$30 \$50
 \$75 \$100 \$150 \$_____

Please bill my credit card (recurring/monthly):

VISA MasterCard

Card# _____ Exp. Date _____

Signature _____

Name as it appears on card _____

Billing address _____

Send to:
El Sauzal Foundation, Inc.
P.O. Box 154
Auburn, WA 98071-0154

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. Should funds be received in excess of a specific designated request, the Foundation reserves the right to apply the funds to other areas of need. ¡Muchas gracias!

OurCompadresReply