



**Compassion & Choices of Northern California**

Tel: 510-531-4846 Email: admin@compassionandchoicesnca.org

(\* Denotes Required Information)

Yes, I wish to contribute to Compassion & Choices of Northern California.

\*I wish to donate my tax-deductible contribution of:

\$1,000 or more  \$500  \$250  \$100  \$50  other \$ \_\_\_\_\_

Please make check payable to Compassion & Choices of Northern California

Or

Charge my credit card the amount indicted above:

Visa  MasterCard

\*Credit Card Number: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\*Name on card: \_\_\_\_\_

\*Street address of cardholder: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Signature required to authorize charge to credit card: \_\_\_\_\_

Mail your contribution to:

**Compassion & Choices of Northern California**  
**3701 Sacramento St, #439**  
**San Francisco, CA 94118**