MAIL-IN CONTRIBUTION FORM

Help bring more care home to Imperial Valley.

DONOR INFORMATION

☐ Individual ☐ Business or organization

DONOR'S FULL LEGAL NAME / LEGAL ENTITY NAME

STREET ADDRESS

CITY **STATE** **ZIP CODE**

CONTRIBUTION DETAILS

CONTRIBUTION AMOUNT **DATE OF CONTRIBUTION** **PAYMENT METHOD**

CHECK NUMBER / PAYMENT RECORD

FOR INDIVIDUAL DONORS

OCCUPATION **EMPLOYER**

MAIL YOUR COMPLETED FORM AND CHECK

Make check payable to: Imperial Valley for Better Health - Yes on Measure N

Mail to: 179 Sylvia Court, Imperial, CA 92251

Please include this completed form with your contribution so the campaign can maintain required donor records.