

The Camarillo Ranch Foundation

Donation Form

CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DONATION

Please accept my contribution of \$ _____ for _____.
(General Donation or "Bring a Child to the Ranch")

Please send me information about becoming a member of the Camarillo Ranch.

Please send me information about sponsoring Camarillo Ranch Foundation events.

SELECT PAYMENT TYPE (donation forms received without payment will be invoiced)

Check (please make payable to the Camarillo Ranch Foundation)

My check is:

Enclosed

Will be mailed

Credit Card (check one)

Visa

MasterCard

Card Number _____

Expiration ____/____

Name on Card: _____

Please return this form to:

The Camarillo Ranch Foundation, Attn: Marissa Lopez

201 Camarillo Ranch Road

Camarillo, CA 93012

Fax: 805.389.8183

Questions?

Call 805.389.8182 or send an email to info@camarilloranch.org.



Camarillo Ranch