

# Join CAPS!

Please print this page, fill in the requested information and mail with appropriate amount (check, money order or credit card) to:

CAPS  
675 East Santa Clara Street, Suite #860  
Ventura, CA 93002

*Since CAPS is a 501(c)(3), contributions are tax deductible.*

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(Optional) TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

*Please know that your email address will never be shared with anyone.*

MAY WE INCLUDE YOU ON OUR E-MAIL ACTION ALERT LIST? \_\_\_ YES \_\_\_ NO

HOW OR WHERE DID YOU HEAR ABOUT CAPS?  
\_\_\_\_\_

## CHOOSE MEMBERSHIP PLAN:

I authorize Californians for Population Stabilization (CAPS) to charge a donation to my credit card as indicated:

\_\_\_ \$25.00 (Regular)

\_\_\_ \$50.00 (Friend)

\_\_\_ \$75.00 (Supporter)

\_\_\_ \$100.00 (Advocate)

\_\_\_ \$250.00 (Benefactor)

\_\_\_ \$500.00 (Sponsor)

\_\_\_ \$1,000.00 (President's Circle)

I would like to make recurring donation of:

Amount: \$ \_\_\_\_\_

Monthly

Quarterly

Semi-Annually

Annually

Other Amount: \$ \_\_\_\_\_

Payment method:  MasterCard  Visa  Amex  Discover  Check Enclosed

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

*Thank you for supporting CAPS!*