



**Enclosed is my contribution of: \$\_\_\_\_\_.**

Please make personal checks payable to "Barb for CUSD" or fill out your credit/debit card information below. Please mail your contribution along with this form (or a written copy of the information it asks for) to:

**Barb for CUSD**  
1532 W Sherri Dr.  
Gilbert, AZ 85233

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- I have enclosed a personal check.
- I am enclosing my credit/debit card number below and authorize you to charge it for \_\_\_\_\_ one-time / monthly (circle one).

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

CVV/Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**