

DONATION TO CARE FUND

I want to support the Chabot and Las Positas Colleges with a generous donation of:

_ \$35; _ \$50; _ \$75; _ \$100; _ \$150; _ \$200; (\$ _____) (other)

Please contact me each year in October (or _____) for my annual contribution.

Name _____

Address: _____

City: _____ ZIP _____

Date: _____

Make check payable to Chabot-LPC Foundation. In the "For:" section in the lower left, write in CARE FUND. Mail to:

Clyde Allen
1463 Indian Head Circle
Clayton, CA 94517-1239