

# Scotts Valley Senior Life Association

Donation Amount:

One Time Donation Amount: \$ \_\_\_\_\_

Planned Giving Amount: \$ \_\_\_\_\_

Bill me Annually / Semi-annually / Quarterly \_\_\_\_\_

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

Credit Card Expiration Date: \_\_\_\_\_

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

***Make checks payable to Scotts Valley Senior Life, and send to:***

Scotts Valley Senior Life  
PO Box 66438  
Scotts Valley, CA 95067-6438

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Check here if you prefer that your name not be made public in regard to this donation.

Please specify if your gift is to fund a specific project, honor or remember a loved one, or to celebrate a special event.

\_\_\_\_\_

**Scotts Valley  
Senior Life  
Association**

EIN/Tax ID # 26-4549259, a 501 (c) 3 non-profit.

All donations are tax deductible to the extent allowed by the law.

Phone: (831) 438-1000