CARE 4 A CALF

Please fill in the following contact information section along with the appropriate check box that matches your much appreciated donation.

Name(s): _____

_____

Address: _____

_____

Phone(s): _____

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- ☐ $3.00 x 60 days = $180.00
- ☐ $3.00 x 30 days = $90.00
- ☐ $3.00 x 14 days = $42.00
- ☐ $3.00 x 7 days = $21.00
- ☐ Other: $_____

Please make checks payable to:
Cal Poly Dairy Foundation

THANK YOU
FOR YOUR SUPPORT

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