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TIN: 82-1201666

Personal Information

Donor name: _____

Address: _____

Phone number: _____

Email: _____

Add my address to: _____ USPS Mailing List _____ E-Mail List

Gift Amount:

- \$10
- \$15
- \$25
- \$50
- \$100
- Other: _____

Or

Monthly gift of _____*

** Monthly gifts must be accompanied by credit card information. The credit card on file will be charged for the amount you choose on a monthly basis until such time as you request the charges be stopped.*

Payment Method

Please write your check or money order to *Valley Players*.

Enter in the following information if you're using a credit card to make your donation:

Credit Card Number: _____

Expiration Date: _____

CVV (card verification value): _____

Billing Address Zip Code: _____

Card holder's name: _____

Signature: _____

Please mail this form to the address above. Thank you for your contribution!

Valley Players is a 501(c)(3) non-profit corporation. All donations are tax-deductible.