



**The Carlsbad
Charitable Foundation**
A proud affiliate of The San Diego Foundation

BECOME A MEMBER TODAY!
CHECK PAYMENT FORM

Name(s) _____ Date of Birth ____ / ____ / ____

Please print your name(s) as you prefer to be listed. If you would like to remain anonymous, please check here:

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to join the Carlsbad Charitable Foundation at the following level:

Under 40: \$250

Community Leader: \$1,000

Corporate Member: \$1,500

Patron: \$2,500

Pacesetter: \$5,000

Visionary: \$10,000

Payment options:

Quarterly

Bi-Annually

Annually

I would like to be a Benefactor by serving as a member at the above checked level for 5 years.

Check enclosed in the amount of \$ _____

MAILING INSTRUCTIONS

- Please make your tax-deductible contribution payable to **TSDF - Carlsbad Charitable Foundation**
- Please mail this completed form and your check to the following address:

ATTN: Carlsbad Charitable Foundation
The San Diego Foundation
2508 Historic Decatur Road, Ste. 200
San Diego, CA 92106



For more information, please contact Estela Mitrani at 619-814-1383 or estelam@sdfoundation.org