

Please complete this form and mail it to CityTeam along with your gift. All checks should be made payable to CityTeam, with the preferred designated city of your choice.

YOUR FULL NAME			
ADDRESS	СІТҮ	STATE	ZIP
PREFERRED PHONE	EMAIL		
GIFT AMOUNT \$	ANONYMOUS GIFT		
PLEASE DIRECT MY SUPPORT			
SAN JOSE CHESTER	SAN FRANCISCO		
OAKLAND	GIVE WHERE NEEDED A	MOST	
If this gift is in memory or in ho	nor of someone, please co	mplete the remainder	of this form
IN MEMORY IN HONOR			
NAME			
Please print the name and address of the person w	ho should be notified regarding	this memorial or honorary	gift:
NAME			
ADDRESS	CITY	STATE	ZIP

San Jose: PO Box 640850, San Jose, CA 95164 Chester: PO Box 89, Media, PA 19063

San Francisco: PO Box 192997, San Francisco, CA 94119

Oakland: PO Box 23833, Oakland, CA 94623 Portland: PO Box 1809, Portland, OR 97207 Please make all checks payable to CityTeam and mail to the designated location. Thank you for supporting your local community!