

# San Clemente Donor Wall Naming Opportunity Donation Form

Name/Business: \_\_\_\_\_ Contact (for business): \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I (we) would like to donate towards the opening of Camino Health Center's new San Clemente location.  
The level I (we) would like to donate is:

- Platinum (\$100,000+)
- Gold (\$50,000+)
- Silver (\$20,000+)
- Bronze (\$5,000+)

Amount: \_\_\_\_\_

I would like to complete the payment by:

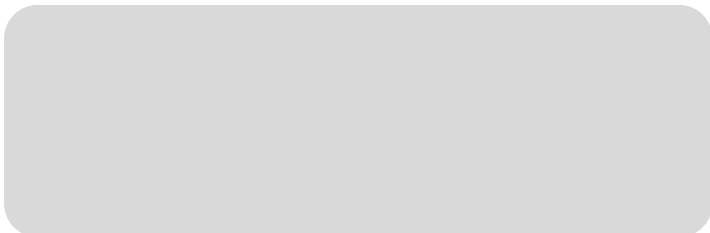
- Credit Card       Check       Other

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature of the Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of the Cardholder: \_\_\_\_\_

Please Print Your Name As You Would Like It  
To Appear On Our Donor Wall:



Please Mail this form and your payment  
to:

**ATTN: Development Department  
Camino Health Center  
30300 Camino Capistrano  
San Juan Capistrano, CA 92675**