



**Monthly contribution:**

- \$2
- \$4
- \$6
- \$8
- \$10
- Other \_\_\_\_\_

**One-time contribution:**

- \$50
- \$75
- \$100
- \$150
- \$200
- Other \$ \_\_\_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PAYMENT TYPE:**

- CASH
- CHECK
- CREDIT

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ CVV: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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MAIL TO: CALIFORNIA SUN, PO BOX 6868, LOS OSOS, CA 93412

CONTACT | [editor@californiasun.co](mailto:editor@californiasun.co) | 805-316-0407