

Yes, I would like to become a Café au Play Supporter!

Please select level:

Newcomer **Neighbor** **Friend** **Partner** **Leader**

I have enclosed my gift (check made payable to Café au Play) of \$ _____

Please charge my: Visa MasterCard in the amount of \$ _____

Card Number _____ Exp. _____

Cardholder Name _____

I will give a monthly gift in the amount of \$ _____ (send a voided check to enroll)

(Monthly gifts can be changed or cancelled at any time; contact Kristin at kheyng@gmail.com with questions.)

Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

I would like to receive future email announcements from Café au Play.

Mail form to: Café au Play | 5633 SE Division | Portland, OR 97206

(503) 894-8506 ■ cafeauplay.org ■ 501(c)(3) tax-exempt organization
Thank you for making a difference!