



CHECK DONATION FORM

Date: _____

Yes, I would like to contribute to The Coalition's cause to end family violence in Ventura County.

Please accept my check enclosed for the amount of:

- _____ \$50 – This helps provide free group counseling for one child staying in our shelter
- _____ \$100 – The helps provide legal assistance for obtaining an emergency protection order
- _____ \$250 – Helps provide food for a family of four while in our shelter for 30 days
- _____ \$500 – Provides free legal representation for a child abduction case
- _____ \$1000 – Provides transportation for all shelter clients for 30 days
- _____ OTHER CONTRIBUTION AMOUNT:

Please make your check payable to:

**The Coalition to End Family Violence
1030 North Ventura Road
Oxnard, CA 93030**