



Civicorps Schools Mailing List Form

Your name:	_____						
Organization name:	_____						
Selected mailing address:	_____ _____						
City:	_____	State:	_____				
Zip code:	_____						
Telephone number:	() _____	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Cell
Telephone number:	() _____	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Cell
Telephone number:	() _____	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Cell
Selected e-mail address:	_____						

PLEASE RETURN YOUR COMPLETED MAILING LIST FORM BY MAIL OR FAX TO:

Civicorps Schools
1021 Third Street
Oakland, California 94607
510-992-7855 (fax)