



# DONATION FORM

**YES! I want to help a child succeed !!!**

Contributions are tax deductible. Tax ID number is 94-6022431

Other \$ \_\_\_\_\_  \$1,000 Leadership Circle  \$500  \$250  \$100  \$50  \$30

**Check enclosed.** Please make your check made payable to: **Marin County School Volunteers**

**Credit Card**  Visa  Mastercard Exp. Date \_\_\_\_\_ Card # \_\_\_\_\_

**DOUBLE YOUR SUPPORT DONATION**

Did you know that your company may match your contribution?

Yes, I do! My company's matching donation form is attached.

**DONOR INFORMATION**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

**I WOULD LIKE TO MAKE A DONATION IN SOMEONE'S NAME**

My donation is  in honor of \_\_\_\_\_ in memory of \_\_\_\_\_

Please let my contribution be known to \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**I am interested in learning about volunteer opportunities – Call me!**

**Thank you for your support!**

*Please send the completed form and donation to:*  
Marin County School Volunteers, P.O. Box 4925, San Rafael, CA 94913