



## DONATION FORM

### Donor Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

My employer will match my donation:  Yes  No

For Recognition Purposes, my name should appear as: \_\_\_\_\_

I Wish to Donate Anonymously

### Gift Information

I want to make a tax deductible contribution (Tax ID # 94-3398021)

- \$1,000 sponsors one child for a month
- \$500 provides outings for one year
- \$250 buys art supplies for one year
- \$100 sends a child to summer camp
- \$50 sends ten children to a museum

\$ \_\_\_\_\_ A gift of any size can make a profound difference in the life of a child.

This gift is: In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

Please send an acknowledgement to:

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

\*We will notify them that a gift was made in their honor. We will not disclose the amount of the gift.

### Payment Information

- Enclosed is my check payable to Friends of the Children San Francisco
- Charge my credit card
  - Visa
  - Mastercard
  - American Express
  - Discover Card

Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp Date \_\_\_\_\_

Mail this donation form to: Friends of the Children San Francisco  
800 Innes Avenue #12  
San Francisco, CA 94124