



# DONATION FORM

**Thank you for your tax-deductible donation!** Our tax ID number is: 94-6000532

Please make checks payable to: **Children's Fund**

And mail to: Children's Fund, 500 County Center, Redwood City, CA 94063

**DONATION INFORMATION:** (please print):

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my donation of \$ \_\_\_\_\_ Gift card \_\_\_\_\_ Check \_\_\_\_\_

**I would like my donation to go to the following program(s):**

- \_\_\_\_\_ **Children's Fund – general fund** (supporting all Children's Fund programs)
- \_\_\_\_\_ **Maureen Borland Orthodontics Fund** (Write *Orthodontics Fund* in memo section)
- \_\_\_\_\_ **Backpack and School Supply Drive** (Write *School Drive* in memo section)
- \_\_\_\_\_ **Holiday Gift Program** (write *Holiday* in memo section)

**GIFT INFORMATION:**

I'd like to make this donation: in honor of \_\_\_\_\_ or in memory of \_\_\_\_\_

Please send acknowledgement of this gift to the following:

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

\_\_\_\_\_ I/We wish to have my/our gift remain anonymous.

***Thank you for your support!***

Please contact us with any questions: [childrensfund@smcgov.org](mailto:childrensfund@smcgov.org) or 650-802-5152