



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, 1 Davis Drive, Belmont, CA 94002

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 or 650-802-5152