



## Donation Form

Please select one of the following contribution categories:

### Parent Donor

(recommended minimum is \$575 per child)

- One child sponsor \$ 575
- Two child sponsor \$ 1,150
- Three child sponsor \$ 1,725
- Other Amount \$ \_\_\_\_\_

### Leadership Circle

- Associate \$ 2,000
- Patron \$ 3,500
- Fellow \$ 5,000
- Silver Benefactor \$ 10,000
- Gold Benefactor \$ 20,000
- Platinum Benefactor \$ 50,000

### Community Donor

(contributions by community members without K-12 students)

- Donor \$ 250
- Supporter \$ 500
- Sponsor \$ 1,000
- Other Amount \$ \_\_\_\_\_

### Get it Matched!

- My employer or  spouse's employer will match my gift.  
Employer Name \_\_\_\_\_  
Employee Phone \_\_\_\_\_
- My employer or spouse's employer's matching gift form:  
 is enclosed  will be mailed

Contributions to EFO are tax deductible as prescribed by law.  
Tax ID # 94-2623617

For more information,  
please visit the EFO website: [www.orindaefo.org](http://www.orindaefo.org),  
email: [info@orindaefo.org](mailto:info@orindaefo.org), or phone: 925-322-0336

### Donor Information

Name \_\_\_\_\_  
Address \_\_\_\_\_

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

Schools Attending \_\_\_\_\_

Donors will be acknowledged using name(s) listed above

- Please make my gift anonymous.

**Tribute**  In Honor of  In Memory of

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

Please send acknowledgement to:

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

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

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

### Payment Method

- A check payable to EFO for \$ \_\_\_\_\_ is enclosed. \*

- Please debit \$ \_\_\_\_\_ from my bank account via e-Check.\*

- One-time payment **or**

- Monthly Installments

\_\_\_\_ (#) of payments

( Payments must be completed by May 15, 2012)

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

( first 9 digits at bottom of check)

Signature \_\_\_\_\_

\* Preferred low-cost payment methods.

- Please charge my gift of \$ \_\_\_\_\_ to my credit card:

- Master Card  VISA  American Express

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

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

- One-time payment **or**

- Monthly Installments

Please process my donation in \_\_\_\_ (#) monthly installments.

I would like my first installment to be deducted now, and future

payment withdrawals on the 15th day of the month. Installment

donations must be completed by May 15, 2012.

Please direct my payment:

\$ \_\_\_\_\_ apply wherever funds are needed

\$ \_\_\_\_\_ to the Orinda Union School District (K-8)

\$ \_\_\_\_\_ to Miramonte High School (9-12)

Fax to: 925-253-0885 or

Mail to: EFO

21 'C' Orinda Way, #123

Orinda, Ca. 94563