

Orinda Community Foundation

Tax Deductible Donation Form

P. O. Box 21, Orinda CA 94563

Tax ID number 27-2134212

Amount: * \$ _____
(suggested \$50 minimum)

Mission Statement: The Orinda Community Foundation enhances our quality of life in Orinda by encouraging philanthropy, building partnerships and providing financial assistance to support community activities, beautification and the arts.

*** YOUR DONATION IS TAX DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW.**

Contact information: Please provide us with your home or work e-mail address so we may contact you if we have questions about your gift.

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip/Postal Code: _____ State: _____

Email: _____

Phone: _____ Mobile: _____

Corporate Matching Donation: Company name _____

Legacy Donation: In honor of _____

Memorial Donation: In memory of _____

Volunteer. Please count on me to help. Preference _____

Permission to publish: You may publish my/our name(s) in the donor list.
If checked, you may be published in the donor list by name stated above. .
To be recognized differently, please enter it here: _____

Contact by email info@orindafoundation.org or phone 925-254-0800
For more information or to donate online visit website: OrindaFoundation.org