



DONATION FORM 2008-2009

Name: _____ Date: _____

Organization Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's Name: _____ Grade: _____

Please complete the following:

Donation Amount: \$ _____

Payment Method: Cash Check Money Order Credit Card

- **Credit cards payments can only be made by phone or in person.**
*To make a credit card payments by phone, call (310) 671-5578.
- Please make checks/money orders payable to: *South Bay Children's Foundation*
- **Be sure to enclose this form with your donation.**

Thank you for your contribution.