



Donation Form

Please select one of the following contribution categories:

Per-Student Giving

(suggested minimum is \$550 per chld)

- One-child Sponsor \$550
- Two-child Sponsor \$1100
- Three-child Sponsor \$1650

Leadership Circle

- Associate \$1650
- Sustainer \$2500
- Patron \$3500
- Benefactor \$7500, \$10,000

Community Sponsor

(contributions by community members without K-12 students)

- Donor \$200
- Supporter \$500
- Sponsor \$1000

Other contribution

\$ _____

Double your support of EFO with matching gifts. Contact your employer regarding matching contributions to charitable organizations. A matching gift will double your support.

Contributor Information

Name _____

Address _____

Phone _____ Email _____

Schools _____

Please do not use my (our) name in public acknowledgments.

Specific Gift In honor of In memory of

Please send acknowledgement to:

Payment

Enclosed is my check for \$ _____
(made payable to Educational Foundation of Orinda)

Please charge \$ _____ to my

Mastercard Visa

Card number _____

Expiration Date _____

Name on Card _____

Signature: _____

Please direct my donation as follows:

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

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

\$ _____ undesignated/apply funds where needed

Contributions to EFO are tax deductible: Tax ID #94-2623617

Fax to: 925-253-0885

Mail to: EFO

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