



CHECK DONATION FORM Community/Business Donors

Name: _____

Email - Please provide this to save paper and ensure a timeline delivery of your receipt:

Mailing Address (or select see check details if accurate):

Phone: _____

Public Name Recognition - How you would like to be listed in donor lists. If you prefer not to be listed, please write "anonymous" in the space below:

Is your donation intended for the Business Partner Program? Yes No

Are you also currently an Orinda school family? Yes No

Comment:

Please mail your check to:
Orinda Network for Education
21 "C" Orinda Way, #123
Orinda, CA 94563