



ORINDA NETWORK for EDUCATION

## CHECK DONATION FORM

ONE Legacy Fund

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

**Email:** \_\_\_\_\_

*(Please provide this to save paper and ensure timely delivery of your receipt)*

**Mailing Address:** (or write "see check" if included on check)

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Public Name Recognition:** How you would like to be listed on forward facing donor lists. If you prefer not to be listed, please write "Anonymous" below. *Note: If you previously submitted an online commitment form that includes this information, you may leave this blank.*

\_\_\_\_\_

**Gift Amount:** \_\_\_\_\_

Does this gift fulfill a full or partial payment of your commitment?

- FULL PAYMENT  
 PARTIAL PAYMENT

Please make your check payable to **Orinda Network for Education** and mail to:

Orinda Network for Education  
21 C Orinda Way, #123  
Orinda, CA 94563  
Attn: ONE Legacy Fund

Once your check has been deposited, someone from the ONE Legacy Fund team will be in touch.

**Thank you for your support of Orinda schools!**