



CHECK DONATION FORM Miramonte Alumni Association

Name: _____

Name while at Miramonte (if different): _____

Miramonte Graduation Year: _____

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:

Have you already created an account at MatsNation - Miramonte's online Alumni Association? Yes No

Are you also a current Orinda public school family? Yes No

Comment:

Please mail your check to:

Orinda Network for Education
Miramonte High School Alumni Association
21 "C" Orinda Way, #123
Orinda, CA 94563