



## 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

**Comment:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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