



CHECK DONATION FORM

School Families

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:

Gift Amount and Allocation of Funds - If you are donating on behalf of one student at one school, please indicate the amount and school affiliation below. If you would like to donate on behalf of multiple students at multiple schools, please indicate the amount you wish to allocate to each school below.

Amount	Student Name(s)	Fund (circle one)
		ONE-Miramonte ONE-OIS ONE-Wagner Ranch ONE-Sleepy Hollow ONE-Glorietta ONE-Del Rey ONE-Orinda
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		ONE-Miramonte ONE-OIS ONE-Wagner Ranch ONE-Sleepy Hollow ONE-Glorietta ONE-Del Rey ONE-Orinda

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