



# Donation Form

## DONOR INFORMATION

Name/Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## GIFT INFORMATION

Total Amount of Gift: \$ \_\_\_\_\_ (please select fund(s) below)  
 Education Plus! Mini-Grant ([view](#))       Nonprofit Partnership Program ([view](#))  
 SCF Operating Endowment ([view](#))       Community Memorial Fund ([view](#))  
 Other Funds ([view](#))      Name of fund: \_\_\_\_\_

## PAYMENT OPTIONS

**Check:** Make check payable to *Solano Community Foundation*.

**Credit Card:**     Visa                       MasterCard

Account #: \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Donors may choose to keep their gift anonymous. Would you like to be anonymous?  
 Yes       No

### Please send form to:

Solano Community Foundation  
1261 Travis Boulevard, Suite 320  
Fairfield, CA 94533

Phone: 707.399.3846  
Fax: 707.399.3849  
[www.solanocf.org](http://www.solanocf.org)



*Leading the way to a better future.*