



Solano Community Foundation

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

SCF Unrestricted Grant Program

SCF Operating Endowment

Seven Cities Fund

Other Funds : 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
470 Chadbourne Road, Suite D (2nd fl)
Fairfield, CA 94533

Phone: 707.399.3846

Fax: 707.399.3849

www.solanocf.org



Leading the way to a better future.