

California Rainbow For Girls Foundation, Inc. (CRFGF)
Donation Form



Donor's Information:

Name: _____ Tele No. () _____

Address _____

City, State, Zip _____

My tax-deductible donation of \$500 \$250 \$100 \$50 \$25 \$10 Other _____
is designated for the following fund(s): **cash, checks, credit cards** are accepted

- California Rainbow for Girls General Fund Grand Service Project
- Rainbow Scholarship Fund includes: McDonald Music, Book, Medical, General Scholarship
- Anna Lind Scholarship Sara Lee Martin Educational Scholarship
- California Rainbow Camp Fund

Please make this donation in memory of or in honor of _____

Please notify _____ I have made this donation.

(Please mail notification to: Street Address, City, State, Zip Code)

Original to CRFGF Copy to Donor

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