



California Rainbow for Girls Foundation, Inc. (CRFGF)

Donation Form

Donor's Information

Name(s): _____

Address: _____

City, State, Zip: _____

Email: _____

IORG Title: _____

Home Phone: _____

Cell Phone: _____

I would like to make a **one-time** tax-deductible donation in the amount of:

\$500 \$250 \$100 \$50 \$25 \$10 Other \$ _____

Would you like to be added to the CRFGF Donor Database? Yes No

Being added to the donor database will allow CRFGF to contact you for future fundraising campaigns. CRFGF does not sell donor information to another party.

Does your employer participate in a Matching Gift Program? Yes No

If so, someone from CRFGF will contact you.

Payment Options:

Cash Check *Make check payable to CRFGF and mail to: 4745 N. Palm Ave, Fresno, CA 93704*

Credit Card: # _____ Exp: ____/____ Security Code: _____

I would like to donate to the following fund or program (please mark one from the list below):

General Fund/Area of Greatest Need

Grand Service Project

Rainbow Camp

Scholarship Fund - Please select a Scholarship Fund for your Donation:

CA Rainbow Scholarship

Sara Lee & Glenn Edgar Martin Educational Scholarship

Anna Lind Scholarship

McDonald Music Scholarship

Education Materials & Books Scholarship

Jessie D. Nelson Medical Scholarship

Past State Moms & Dads' Vocational Scholarship

This donation is (in honor of / in memory of): _____

Please send a gift acknowledgement to:

Name(s): _____

Address: _____

City, State, Zip: _____