



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: _____

RECURRING DONATIONS:

Become a Rainbow GEM! (Give Every Month)

Please enter the amount you wish to give every month: \$ _____

ONE-TIME DONATIONS:

Become a Rainbow ANGEL!

\$1,000 \$500 \$250 \$100 \$50 \$25 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:

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
- Leadership Rainbow Camps
- Scholarship Fund – You can donate to the Scholarship Fund or select a special scholarship below 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: _____