



## DONATION BY MAIL

### Donation Amount:

☐ \$25    ☐ \$50    ☐ \$100    ☐ \$500    ☐ \$1,000    ☐ \$3,000  
☐ Other \$ \_\_\_\_\_

### Donor Information: (please type or print legibly)

First and Last Name: \_\_\_\_\_

Primary/Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ cell    ☐ home    ☐ work

Email: \_\_\_\_\_

Optional: ☐ I would like my donation to be anonymous.

### Payment

☐ Check (payable to SVPSF)    ☐ Visa    ☐ Mastercard    ☐ Discover    ☐ American Exp.

Card # \_\_\_\_\_

Expiration date (m/y) \_\_\_\_\_ CVV# \_\_\_\_\_

\*Signature of cardholder: \_\_\_\_\_ Date \_\_\_\_\_

\*By providing your signature you are agreeing to let SVPSF process the donation stated above

### Mail completed form (and check if applicable) to:

Saddleback Valley Public Schools Foundation  
24000 Alicia Parkway, #17-327, Mission Viejo, CA 92691

SVPSF USE ONLY

DATE

AMT REC'D \$

### Complete and retain this section for your records.

SVPSF Donation Receipt    Tax ID #95-3872448

Date: \_\_\_\_\_ ☐ Check# \_\_\_\_\_ ☐ Credit Card

Amount: \$ \_\_\_\_\_



Thank you for your generous gift!

SVPSF is a registered 501(c)(3) non-profit organization and donations are tax-deductible to the extent allowed by law. Please consult your tax advisor regarding specific questions about your deductions.