



2017 Donation Form

Remember, the amount you give will be doubled, thanks to our match donors!

Donor Information

Name _____

Billing address _____

City, State, Zip Code _____

Phone _____

Email _____

Donor Information

Please accept my gift of ☐\$50 ☐\$75 ☐\$100 ☐\$250 ☐\$500 ☐\$1,000 ☐ Other amount \$ _____

☐ Enclosed is check # _____ ☐ Visa/MC ☐ AmEx ☐ **NEW! Make it a monthly contribution!**

Name on Card _____

Credit card number _____

Exp. Date _____

3- or 4-digit Security Code _____

Authorized signature _____

Gift will be matched by my company _____

☐Form enclosed ☐Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

☐ I (we) wish to have our gift remain anonymous.

You may also designate your gift in honor or in memory of someone dear to you:

☐ In honor of ☐ in memory of

Please make checks, corporate
matches or other gifts payable to:

Lamorinda Village
P.O. Box 57, Lafayette, CA 94549

*Monthly contributions may only be made using a credit card. By checking the box above, you authorize Lamorinda Village to initiate a monthly schedule in the same amount. Lamorinda Village is a 501(c)3 nonprofit organization and our Tax ID is 46-3831781.