

2021-22 Annual Campaign

Name _____

Address _____

City, State _____ zip _____

- My/Our check for \$_____ is enclosed payable to SMSF
- Charge my/our credit card: Mastercard or Visa \$_____
- Card Number _____ - _____ - _____ - _____ Exp ___/___
- Home Phone ____ - ____ - _____
- This pledge of \$_____ is for the fiscal year 07/01/21 to 06/30/22
- I/We prefer to be billed: \$_____/ per month for 10 months
- \$_____/ per quarter for 4 quarters
- other \$_____/ for _____
- Expect a corporate matching gift from _____
- I/We plan to donate appreciated common stock
- Please call me/us to make arrangements at ____ - ____ - _____

- I/We would prefer to receive emails at _____
- I/We have an English Language Preference
- I/We have a Chinese Language Preference
- Do not include my/our name in any published lists
- Do not give me/us Yard Sign recognition

Donation Mailing Address
San Marino Schools Foundation
1665 West Drive
San Marino, CA 91108

www.smsf.org
info@smsf.org
626-299-7014
Tax ID #: 95-3507283