

# 2007 / 2008 SCHOOL YEAR • WCEF DONATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

### List All Children

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### We Donate \$ \_\_\_\_\_

**Suggested Donation: \$500 per family.** If you can afford to contribute more, your generosity will be greatly appreciated. If this amount isn't possible for your family, whatever you are able to contribute will make a difference.

### Payment Options:

Our full payment is enclosed

We will make 12 monthly payments of \_\_\_\_\_ per month **(minimum \$25/month, credit card only)**

Please direct my donation as follows:  All Programs  K-8  9-12

Signature: \_\_\_\_\_

We are pleased to offer payment options and additional opportunities to augment your giving. However, because our budget and funding responsibilities are based on your commitments, it is necessary for us to inform you that your signature on this form implies that you will assume personal responsibility for all outstanding installments and payments due as indicated.

### Payment Information

Enclosed is my check in the amount of \$ \_\_\_\_\_

Please charge my  VISA  MasterCard in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Benefit Level Options

See back of Invitation Card for details or visit [WCEFK12.org](http://WCEFK12.org). Each benefit level entitles the donor to a specified number of LL PTS/ memberships (memberships are only available for parents, students, teachers and staff of LL). Please indicate the name in which t PTSA memberships should be issued.

White Level – \$500 donation (1 membership)

Maroon Level – \$1,000 donation (2 memberships)

Gold Level – \$2,000 donation (4 memberships)

Knight Level – \$5,000 donation (4 memberships)

PTSA Name(s) \_\_\_\_\_

### Corporate Matching

This is when an employer matches a part or all of an employee's donation to a charity. The employee's donation may have been made via United Way payroll deductions or a direct donation to WCEF. This process must be initiated by the employee through your Human Resources or Payroll department and the paperwork sent to WCEF at PO Box 186, Walnut Creek, CA 94597.

I plan to match my donation with my employer. Company name \_\_\_\_\_

I plan to use the United Way Donor Program – UW#2492. Company name \_\_\_\_\_

Please do not use my/our names in public acknowledgements

### Your donation is tax deductible – WCEF K-12 Non-Profit Tax ID# 94-2915151

Donation forms made possible by generous in-kind donations from **Robert Anthony Strategic Marketing & Design, Studio Blue and Minuteman Press, Lafayette**

**WCEFK12.org** P.O. Box 186, Walnut Creek, CA 94597 • 925-933-WCEF (9233)