

Sonoma Valley Education Foundation Donation Form

Name		
Street (Billing Address if paying by Visa or MasterCard)		
City		
State	Zip Code	
Amount of Donation		
Payment Type (Please Check One) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Enclosed		
Credit Card Number	Expiration Date	CVV Number (3 digit code on back)
Name as it appears on card		
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Billing authorization: I authorize SONOMA VALLEY EDUCATION FOUNDATION to automatically bill the card listed above as specified: Amount: \$ _____ <input type="checkbox"/> One Time Donation <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually (Check only one) Start billing on: ____/____/____ End billing when: <input type="checkbox"/> Contract Expires ____/____/____ <input type="checkbox"/> Customer provides written cancellation		
I wish to designate my gift toward: <input type="checkbox"/> Annual Appeal <input type="checkbox"/> Teacher Support Network <input type="checkbox"/> Visual Thinking Strategies <input type="checkbox"/> Merit <input type="checkbox"/> Sonoma Valley School Garden Project <input type="checkbox"/> Sonoma Valley Exploratorium Project		
Please make checks payable to Sonoma Valley Education Foundation and mail form to: Sonoma Valley Education Foundation P.O. Box 493 Sonoma, CA 95476 Please contact if you have any questions at 707.935.9566		