

## Donation Form

### DONOR INFORMATION

Name: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- This is a new address       Please contact me about volunteering with WCEF K-12.       Please do not use my name in public acknowledgements.

Employer\*: \_\_\_\_\_

- My company will match my donation to WCEF K-12; I will contact them to initiate the process.  
 I participate in payroll deductions that are directed to WCEF K-12

\*Many companies will match all or part of their employees' charitable donations, increasing the amount that WCEF K-12 receives as a result of your donation, at no additional cost to you. The corporate matching process is NOT automatic and must be requested by employees. Not sure whether your employer has a corporate matching gift program? Check with your employer's human resources or payroll departments or contact us for more help at 925-933-9233 or wcefed@gmail.com.

### NEW FAMILY INFORMATION – For families who are new to the district OR first-time donors

Student name(s)	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 3 WAYS TO DONATE

**Pay in 12 monthly installments:**

- ✓ \$34/month per child
- ✓ \$67/month per family

**Make a one-time payment:**

- ✓ \$400 per child
- ✓ \$800 per family

**Become a sustaining donor!**

*Provide support to WCEF K-12 by making ongoing, automatically recurring monthly payments.*

### PAYMENT BY CASH OR CHECK (For one-time payments)

Enclosed is my cash/check for \$ \_\_\_\_\_

### PAYMENT BY CREDIT CARD (For one-time, monthly or ongoing payments)

Amount to charge to credit card: \$ \_\_\_\_\_

Frequency:  One-time     Ongoing (Sustainable donation)     Monthly (Please specify number of monthly payments: \_\_\_\_\_)

Visa     MasterCard     AMEX    Credit Card #: \_\_\_\_\_    Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_    Billing zip code: \_\_\_\_\_    Card security code (3 or 4 digits) \_\_\_\_\_

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.