

Orinda Community Foundation (OCF)

Tax Deductible Donation Form

P. O. Box 21, Orinda CA 94563

Tax ID number 27-2134212

Amount: * \$ _____ Date _____
(suggested \$50 minimum)

Mission Statement: *The Orinda Community Foundation enhances our quality of life in Orinda by encouraging philanthropy, building partnerships and providing financial assistance to support community activities, beautification and the arts.*

*** YOUR DONATION IS TAX DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW.**

Contact information: Please provide us with your home or work e-mail address so we may contact you if we have questions about your gift.

First Name(s): _____

Last Name: _____

Address: _____

City: _____

Zip/Postal Code: _____ State: _____

Email: _____

Phone: _____ Mobile: _____

[] Corporate Matching Donation: Company name _____

[] Legacy Donation: In honor of _____

[] Memorial Donation: In memory of _____

[] Volunteer: Please count on me to help. Preference _____

Remain Anonymous. Unless indicated, your name(s) will be published in the donor list and annual newsletter. If checked, you will remain anonymous.

Contact by email orindafoundation@gmail.com or phone 925-254-1679
For more information or to donate online visit website: OrindaFoundation.org