

Donate By:

- CHECK / MONEY ORDER
- CREDIT CARD

Just print, fill out, and mail!

Here is my tax-deductible gift to MVEF
P.O. Box 391557, Mountain View, CA 94039-1557
650.526.3550 x1030 mvf@mvwsd.k12.ca.us
Federal Tax ID #77-0006770

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

One Time Payment

____ Enclosed is my check or money order in the amount of:

\$1,000 \$500 \$200 \$100 \$50 Other \$ _____

____ Please charge my credit card in the amount of \$ _____ (complete credit card information below).

Monthly Payment

I will contribute \$ _____ per month for 10 months.

____ I authorize 10 monthly charges to my credit card (complete credit card information below).

____ Please bill me monthly. Enclosed is my first payment.

Credit Card Information: ____ VISA ____ Mastercard

Card Number _____ Exp.Date _____

Name on card _____

Signature _____

____ Yes, my employer offers a matching gift program (please enclose form).

____ Yes, please contact my employer for a gift using my name as a reference.

____ Please contact me, I would like to get involved with MVEF!