



Donation Form

Date: _____

Contact/Acknowledgement Info:

Name(s): _____

Phone: _____ E-mail: _____

Address info is on accompanying check

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my gift of:

- \$35
- \$100
- \$250
- \$500
- \$1000
- Other \$ _____
- \$15 (membership for youth under 21)

You may charge my: Visa Mastercard American Express

Credit Card #: _____

Cardholder Name (if different from above): _____

Exp. Date: ____ / ____

Signature: _____

If this donation is a tribute, please complete the following additional information:

- In Memory
- In Honor

In Memory/Honor of: _____

Send tribute notification* to: Notification Name: _____

*this is in addition to your own tax-deductible donation acknowledgement letter

Mail or Email Address: _____

- Please send information about including Save Mount Diablo in my estate plans.
- I have already remembered Save Mount Diablo in my will or trust.

Contributions to Save Mount Diablo are tax deductible to the full extent of the law.