

DONOR FORM

— MT. DIABLO EDUCATION FOUNDATION



QUESTIONNAIRE

Join people who are passionate about public education and share a common vision to enhance the public education offerings throughout the Mt. Diablo Unified School District!

Please make your selections below:

- REQUIRED:** MDEDF has permission to publish my name as a donor on their website and all associated material during the identified school year. **YES :** **NO :**
- Does your employer have a matching contribution program? **YES :** **NO :**
- Would you like information about our Sponsorship Program? **YES :** **NO :**
- Would you like us to reach out to you to discuss volunteering opportunities? **YES :** **NO :**

PERSONAL INFORMATION

Donor's Full Name :

Employer Identification Number (EIN) / Tax ID number (if applicable) :

Street Address

City : **State :**

ZIP Code : **County:**

E-Mail :

Phone Number : **Pronouns (optional) :**

Are you submitting your payment(s) online or via check?

Online : **Check :** **Amount :**

*Please make checks payable to **Mt. Diablo Education Foundation** (address and tax ID below). Please mail this form with your check.*

Donate online at www.mdedf.org

Donor Signature:

Nonprofit tax ID 82-3039803

P.O. Box 5151

Concord, California 94524

THANK YOU FOR YOUR SUPPORT!

Thank you for your generous donation! Please visit **www.mdedf.org** to learn more about the foundation, its goals, upcoming events, opportunities, and much more!