

DONATION FORM

Shaping Young Minds Foundation

Date: _____

Name: _____

Organization: _____

Address: _____

City: _____ State _____ Zip _____

Day phone (_____) _____ Eve (_____) _____

Email address: _____

I would like to make a donation: __\$350 __\$1000 __\$5000 Other \$_____ for __year(s)

Or Monthly __\$29 __\$83 __\$415 Other \$_____ for __ year(s)

I would like to become a founding member of Shaping Young Minds Foundation:

Angels of Children: \$1,000 a year for five years

Patrons of Children: \$5,000 a year for five years

Guardians of Children: \$10,000 a year for five years

Payment:

My check is enclosed, made payable to Shaping Young Minds Foundation

Please charge my CC# _____ Exp. _____ CVC _____

Name on card _____ Signature _____

Please contact me about paying my pledge with stock

My company will match my gift I would like to make a Non-Cash Gift (in-kind, etc.)

Program Designation: Basic Education Early Childhood Non-Formal After School

Please contact me. I have other thoughts to share

Shaping Young Minds Foundation gratefully thank you for your kindness and compassion!

SYMF is a non-profit 501(c)(3) organization. EIN: 47-4177968. All donations are tax deductible.

Address: 2753 Elderoak Road, Westlake Village, CA 91361