



Donation Form

Please use this form if you'd like to donate to the Town Crier Holiday Fund by check or credit card.

Name(s)	(print as you want your name on donor list.)
Address	City	Zip
I would like to make a \$5000\$2000\$	gift of: 51000\$500\$250\$10	00\$50 Other \$
Business Name (if applicable)	
	Spouse/Partner Email	
2. US Mail: Send check pay 183 Hillview Ave., Los Alt	www.losaltoscf.org/latc-holiday-fund yable to Los Altos Community Founda tos, CA 94022	tion (or LACF),
	day Fund" in the memo line - OR - pro Exp. Date:	
Note: An email address is Signature for credit card do	s required to process your credit card	d donation
3. Donate stock: Donation	n forms at www.losaltoscf.org/latc-holi	day-fund
4. Phone: Call Los Altos Co	ommunity Foundation at (650) 949-59	08
In my name as shown above In the name of the business In honor of:	s above	ect one):
All donors and gift amounts w I wish to donate anonymou Please withhold the amoun	•	Crier unless indicated below:
	are tax deductible to the fullest unity Foundation nonprofit tax	
	Thank You!	