



## **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 - <b>OR</b> - 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!	