



DONATION FORM

Name: _____
Address: _____
Phone #: _____
Email: _____

Payment Type:

Check

Please make checks payable to Lomi School Foundation, and mail to:

Lomi School Foundation
320 10th Street, Suite 200
Santa Rosa, CA 95401

Credit Card

Card Type: Amex Visa MC

Cardholder Name: _____

Credit Card #: _____

Exp Date: _____

Security Code: _____

Billing Address: _____

Is this donation/gift in memory or honor of someone?

Memory

Honor

Person's Name: _____

Your Relationship: _____

Do you want someone notified of this donation/gift? Yes No

If yes, please include their contact information below.

Name: _____

Address: _____

Note for the notified: _____

Additional Comments: _____
