



Donation Form

Please print and complete this form and mail it with your donation to: **George Mark Children's House**
2121 George Mark Lane, San Leandro, Ca. 94578.

I am pleased to support George Mark Children's House by making a contribution in the amount of:

_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000 \$ _____

Please record my/our gift under the name(s):

Dr/Mr/Mrs/Miss/Ms _____ Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

_____ Please do not list my name in GMCH publications.

_____ My employer matches charitable gifts.

Please send me more information about how to donate to GMCH through:

_____ my will _____ life insurance _____ trusts _____ retirement _____ monthly donations

Donations are tax deductible to the extent permitted by law.
Our federal tax I.D. number is 94-3255845

Please charge my credit card: _____ Visa _____ Mastercard _____ Discover Card _____ American Express

Card Number _____ Expiration _____

Card Holder's Name _____

Signature _____

_____ My check is enclosed

(Optional) This gift is: _____ In Honor of _____ In Memory of

Please send acknowledgement to _____

Address _____

City/State/Zip _____

How did you hear about the George Mark Children's House?

_____ website _____ newspaper _____ radio/TV _____ friend/family _____ other