



San Leandro  
Education  
Foundation

## DONATION FORM

I would like to make a gift of:

- \$1 monthly—a Buck-a-Month!    \$5 monthly    \$10 monthly  
 \$50 monthly    \$100 monthly    \$\_\_\_\_\_    monthly    one time

### Contact information:

\_\_\_\_\_

name (as it will appear in recognition materials)

\_\_\_\_\_

address

\_\_\_\_\_

city, state, zip

\_\_\_\_\_

telephone

\_\_\_\_\_

e-mail

- Please add me to your mailing list

### Contribution information:

- I'm enclosing my check, payable to SLED  
 VISA                       MasterCard                       American Express

\_\_\_\_\_

name on card

\_\_\_\_\_

account number

\_\_\_\_\_

exp date

\_\_\_\_\_

security code

To submit this form, you may send to SLED, PO Box 3820, San Leandro CA 94578;  
or you may drop it off in the office at any SLUSD school.