



# Donation Form

Donation Date \_\_\_\_\_

Project Name \_\_\_\_\_

Donor Name \_\_\_\_\_

Gift Amount \$ \_\_\_\_\_

Purpose of Donation (please describe if general donation or specific purposes)

Donor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

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Would you like your gift to be anonymous? (If you choose "yes", your name will NOT be published in our Annual Report.)

No  Yes

Is this gift in honor or memory of someone?

No  In Honor of  In Memory of

Name of the person you wish to recognize \_\_\_\_\_

Would you like us to notify the honoree or family of the person being memorialized?

No  Yes

Honoree Contact Information (Or family contact of person being memorialized)

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Please mail this form along with a check to:  
Charitable Ventures  
Attn: Finance  
1505 E. 17th Street, Suite 101  
Santa Ana, CA 92705