



Donation Form

Contact Information

Date: _____ Event (if applicable): _____

Name: _____

If the donation is from an organization please include both the name and the contact person

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone #: _____ Email: _____

Chapter (if applicable): _____

We want to let you know how your support helps to fuel our work and we regularly send updates with news on the progress being made in local communities, stories that highlight the power of the human spirit and, of course, information that will keep you connected with Room to Read events and programs.

Please check if you would NOT like to receive our communications

Payment Information

Check: \$USD _____ Payable to: **Room to Read**

Credit Card \$USD _____ (circle one) Visa Amex MasterCard Discover

If paying by credit card please choose one:

One-time gift Recurring monthly gift

Many employers will match the value of their employees' gifts. Check here if your company will double your gift.

Note: details below this line will be shredded once credit card is charged

Card #: _____ Exp. Date (Mo/Yr): _____

CVV: _____ Signature: _____

Completed forms should be mailed to:

Room to Read
Attention: Chapters
465 California Street, Suite 1000, San Francisco, CA 94104

Please direct questions to 1-415-839-4400 or donate@roomtoread.org.

Did You Know? Your donation could be matched dollar for dollar by your employer! Companies both big & small match gifts to support non-profits that their employees are passionate about. Not sure if your employer will match your donation?

Visit www.roomtoread.org/about/frequently-asked-questions to find out.