



# 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](mailto:donate@roomtoread.org).