



## CHECK DONATION FORM

### School Families

**Name:** \_\_\_\_\_

**Email** - Please provide this to save paper and ensure a timeline delivery of your receipt:

\_\_\_\_\_

**Mailing Address** (or select see check details if accurate):

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Public Name Recognition** - How you would like to be listed in donor lists. If you prefer not to be listed, please write "anonymous" in the space below:

\_\_\_\_\_

**Gift Amount and Allocation of Funds** - If you are donating on behalf of one student at one school, please indicate the amount and school affiliation below. If you would like to donate on behalf of multiple students at multiple schools, please indicate the amount you wish to allocate to each school below.

Amount	Student Name(s)	Fund (circle one)
		ONE-Miramonte   ONE-OIS   ONE-Wagner Ranch ONE-Sleepy Hollow   ONE-Glorietta   ONE-Del Rey ONE-Orinda
		ONE-Miramonte   ONE-OIS   ONE-Wagner Ranch ONE-Sleepy Hollow   ONE-Glorietta   ONE-Del Rey ONE-Orinda
		ONE-Miramonte   ONE-OIS   ONE-Wagner Ranch ONE-Sleepy Hollow   ONE-Glorietta   ONE-Del Rey ONE-Orinda

**Please mail your check to:**  
 Orinda Network for Education  
 21 "C" Orinda Way, #123  
 Orinda, CA 94563