

THE GREEN DRAGON FOUNDATION

Unique Community • Unlimited Opportunity

Potential Donor Inquiry Regarding Making a Restricted Gift

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Anticipated Donation Amount: _____

I/We wish to remain anonymous: _____ No _____ Yes

My/Our gift would provide for the realization of one of the following categories;

_____ Educational

_____ Cultural

_____ Athletic Programs

_____ Capital Improvement Projects

_____ Endowment

My/Our plan for use of proposed gift:

My/Our intentions or expectations for this proposed gift:

Signature of person making this inquiry: _____

Signature of LASD Superintendent: _____

**LASD Superintendent's signature indicates GDF can move forward to consider the proposed gift for the benefit of the students of LASD.*

Other Side for Additional Comments