

Thank you for your donation of **\$300** per family (or other amount) during this Annual Fund Drive.

Contributor Information

Name:	Employer (if applicable for matching gift)*:
Spouse:	Employer (if applicable for matching gift)*:
Address:	
City/State/ZIP:	
Email:	Phone:

* Many employers match educational contributions. Check the SRF website or enquire with your HR Department.

YES! I want to support our school in the amount of: \$ _____

Single Contribution

- Enclosed is a check, payable to "Stone Ranch Foundation".
- Please bill my credit card listed below.

Installment Plan

- Please bill the amount above to my credit card in 10 monthly installments.

Credit Card Type: Visa MasterCard AMEX

Credit Card #: _____

Expiration Date (mm/yy): _____ CVV#: _____

Signature: _____