

YES! I want to donate to the Albany Education Foundation.



Here is my tax-deductible contribution in the amount of \$ _____.

Full Name _____

Address _____ apt# _____

City _____ State _____ Zip Code _____ Phone# _____

Payment method: Check payable to Albany Education Foundation enclosed.

Please charge my full contribution to Visa, MasterCard, American Express listed below.

I prefer to pay in 12 monthly installments of \$ _____ each to my charge card.

Visa MasterCard American Express # _____ Expiration Date _____

Name as it appears on card _____ Signature _____

My employer has a matching gift or corporate giving program. I am including my company's form.

I'd like to volunteer. My email address is: _____

For more information, contact Sally Outis at: outis@sbcglobal.net, 510-558-6823,

or Dianne McNenny at: 510-527-8476. If you have questions about financial arrangements, contact:
info@albanyeducation.org or call 510-558-6823.

Please mail your donation and form to: **Albany Education Foundation**
1320 Solano Avenue, Suite 203
Albany, CA 94706