



Please mail or fax this form and your check or Credit Card Information to:

California Scottish Rite Foundation

2100 N. Broadway, Suite 350

Anaheim, CA 92706-2624

Fax (714) 541-7602

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to the California Scottish Rite Foundation

My name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP: _____

E-mail _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

____ Foundation General Fund ____ Foundation Scholarships ____ Foundation Childhood Language Centers

Please Select the Scholarship _____ or Language Center _____

Is this a commemorative Donation? ____ No ____ Yes (Please supply us the name of the person)

____ Gift in memory of: _____
(name of deceased)

____ Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

____ I prefer to make my donation by Credit Card (Please enter the information below)

____ American Express ____ Discover ____ Master Card ____ Visa Credit

Card Number _____ Exp. Date _____

Signature _____

The California Scottish Rite Foundation thanks you for your continued support!

Your contribution is tax-deductible. We are a 501(c)(3) public charity, Tax ID 94-6078728