



RECYCLING UNWANTED CRAYONS INTO UNLIMITED POSSIBILITIES

GENERAL DONATION FORM

Mail This Form and Donation to: The Crayon Initiative, 540 Glasgow Circle, Danville, CA 94526

One-Time Donation Amount: \$ _____

YES! Please make this a recurring **MONTHLY DONATION** to support The Creative Initiative with my monthly gift of:

\$20/month

\$25/month

\$30/month

Other \$ _____ /month

DONATION INFORMATION:

Company Name (If this donation is being made by a company): _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____ **Phone Number:** _____

Email Address: _____

My check is enclosed and made out to The Crayon Initiative. Please charge my credit card.

YES, I would like to receive email communications from The Crayon Initiative (i.e., event updates, newsletters, etc.).

CREDIT CARD INFORMATION:

Card Type: AMEX Discover MasterCard Visa

Cardholder Name: _____

Card Number: _____ **Expiration Date (Month/Year):** _____

Cardholder Signature: _____

CREDIT CARD BILLING INFORMATION:

(If the billing address is different from the donor information, please enter the billing information below.)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

GIFTS IN HONOR OR IN MEMORY OF AN INDIVIDUAL:

*Note: The Crayon Initiative does not disclose the donation amount.

Gift Type (choose one): In honor of In memory of

Honoree's First Name: _____ **Last Name:** _____

Send Acknowledgement of My Gift to (First / Last Name): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____