

Paige Schaefer, President
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 Katie Hafer, Educational Liaison
 Mark Atkins, Principal



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EIN# 35-2183349

DONATION FORM - Please print legibly

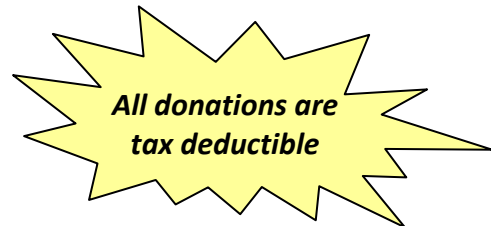
Student Information (information required):

Last Name:	Sibling1:
First Name:	Sibling2:

Parent Information

Last Name1:	Last Name2:
First Name1:	First Name2:
Employer1:	Employer2:
Email1:	Email2:
Home Address:	
Zip:	Phone:

Donation Level:
<input type="checkbox"/> Principal's Circle (\$500 or more) <input type="checkbox"/> \$100/child x _____ children <input type="checkbox"/> Other _____ Total Amount Enclosed: \$ _____ Check # _____



In addition, please read and check as many as applies:

<input type="checkbox"/> Yes, my employer has a matching program (include any additional paperwork) <input type="checkbox"/> I would like to make quarterly payments, my first payment is enclosed. <input type="checkbox"/> Please contact me, I want to help! Especially with: <input type="checkbox"/> Vice President Position <input type="checkbox"/> Auditor Position <input type="checkbox"/> AB Run 2 Play (winter) <input type="checkbox"/> community or other fundraising <input type="checkbox"/> grant research and/or writing <input type="checkbox"/> The Foundation would like to acknowledge you by listing your name as a donor in the school yearbook, website and other publications. If you prefer not to be named, please check here and your donation will be listed under "anonymous."
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Please make checks payable to the **Adobe Bluffs Educational Foundation**.
 Staple your check to this form and return to school.

Thank you for supporting Adobe Bluffs!