



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

California Scottish Rite Foundation
2100 North Broadway, Suite 350
Santa Ana, CA 92706-2624

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.