

## **Donation Form**

PedrozziFoundation.org 925-456-3700 Tax ID 20-1025764

## Mail form to:

Pedrozzi Scholarship Foundation 1141 Catalina Drive, #170 Livermore, CA 94550

FIRST NAME(S)	LAST NAME
ADDRESS	
CITY	STATE ZIP
PHONE EM/	AIL
May we list your name in our published	ed list of contributors?   Yes   No
If yes, how would you like to be listed	For example: Mrs. Betty Doe, Betty Doe, The Doe Family, etc.
METHOD OF PAYMENT	For example. Ivirs. belly boe, belly boe, the boe Family, etc.
☐ ENCLOSED IS A CHECK PAYABLE TO	PEDROZZI SCHOLARSHIP FOUNDATION
☐ PLEASE CHARGE MY: VIS	A MC AMEX \$
ACCOUNT #	EXP. DATE3 DIGIT SECURITY CODE
NAME ON CARD	SIGNATURE
☐ I WOULD LIKE TO DONATE STOCK TO	O THE SCHOLARSHIP FOUNDATION; PLEASE CONTACT ME.
SPECIAL INSTRUCTIONS	
MY GIFT IS IN MEMORY/HONOR (CIRCLE	ONE) OF:
PLEASE NOTIFY (NAME & ADDRESS) OF	MY GIFT:
CHOOSE HOW TO DIRECT YOUR GIFT:	
☐ UNRESTRICTED CONTRIBUTION – Us	se my gift where it is needed most.
☐ RESOURCE PROGRAMS – Use my gift	t to help to create a career and college bound culture.
☐ SCHOLARSHIPS – Use my gift to help f	und scholarships for Livermore students.
☐ CREATE A SCHOLARSHIP – (Minimum	giving level required; please contact the Foundation to discuss.)

## 100% OF YOUR GIFT GOES DIRECTLY TO STUDENTS.

Please contact Carolyn Siegfried, Executive Director, (<u>csiegfried@PedrozziFoundation.org</u> or 925-456-3700) to discuss your philanthropic goals, donating stock and/or including the Foundation in your estate or planned giving.