



SMHS Foundation Donor Form 2011-12



NAME(S) (As you would like them to appear in print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

AMOUNT: _____ CASH: _____ CHECK: _____ VISA/MC: _____

MONTHLY INSTALLMENTS: _____ # OF MONTHS: _____

I AUTHORIZE SMHSF TO CHARGE MY: VISA MASTERCARD

CREDIT CARD NO: _____ EXP. DATE: _____ CVC: _____

SIGNATURE: _____

COMPANY MATCH: _____ COMPANY NAME: _____

MAIL TO : SMHSF, 204 East Second Ave., #617, San Mateo, CA 94401

For more information contact: Julie Borden or Jeff Cantor at info@smhsf.org or go to www.smhsf.org.