

STARR CENTER OPERATING RESOURCE & ENDOWMENT CARD DONATION FORM



Name

Company

Address

City

State

Zip

Email

Home Phone

Cell Phone

Business Phone

I would like to contribute:

\$25 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

Donation Frequency:

One Time Monthly Annually for 3 Yrs Annually for _____ Yrs

I would like my donation to be used for:

Operating Expenses Program & Scholarships Endowment Fund

please visit www.mendocostrec.org for fund details or call 707-964-9446 x111

This donation is in memory of in honor of

name

please send acknowledgement card to

Payment Method:

My check is enclosed, made payable to Friends of MCRPD
 Please charge my Visa Mastercard

Card Number

Exp:

Signature

Name on Card

Please contact me about paying my pledge with stock.

I will use my pledge for:

Tax Deduction purchase of Aquatic & Fitness Facility Admission Passes

Donations will be managed by the non-profit Friends of the Mendocino Coast Recreation and Park District. Endowment donations will be administered by the Community Foundation of Mendocino County.