

### DONATION FORM

(All donations not specified will go to the General Fund)

Donor Name: \_\_\_\_\_

Donor Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Donor Phone: \_\_\_\_\_

Donor Email: \_\_\_\_\_

My donation is \_\_\_\_\_ In Memory Of \_\_\_\_\_ In Honor Of  
Name: \_\_\_\_\_

Please send letter of acknowledgement to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### DONATION AMOUNTS:

\$ \_\_\_\_\_ General Fund

\$ \_\_\_\_\_ Transportation

\$ \_\_\_\_\_ Camp Out for Cancer Team # \_\_\_\_\_ (optional)

\$ \_\_\_\_\_ Illumination Candles – suggested donation \$5/each (please list names on  
reverse)

\$ \_\_\_\_\_ **GRAND TOTAL** (please make check payable to Amador STARS)

Thank you for your tax-deductible donation. Our tax ID is #26-3116659.

Please mail this form with your donation to:

Amador STARS, PO Box 208, Jackson CA 95642

