



SAN MATEO-FOSTER CITY
**EDUCATION
 FOUNDATION**

DONATE TODAY

Give the Gift of Opportunity!

Please consider an end-of-year, tax-deductible donation to the San Mateo-Foster City Education Foundation. Join the re-energized SMFCEF and help us grow. Together, we can provide more programs in the following areas:

- **The Arts:** music, drama, and art (program fees and supplies)
- **Technology:** instructors, hardware, and software
- **Enrichment:** assemblies, field trips, and math & science nights
- **Wellness:** athletics (elementary and middle school), PE, sports equipment, and staff training
- **Curriculum:** teacher grants and classroom & library materials (books, subscriptions)



Last year, through generous contributions from corporations, parents, and our community, the SMFC Education Foundation was able to help fund:

- **Music education at every elementary school** (5th grade vocal & instrumental instruction)
- **After-school athletics at our middle schools** (athletic directors, coaches and referees)

DONATE WITH YOUR PHONE

With your phone camera and this QR Code, you can donate immediately. Just scan this code and it will walk you through how to make an onlinedonation.



Donate online at www.smfcedfund.org OR return this form to your school office or by mail to:
 SMFC Education Foundation, 1170 Chess Drive, Foster City, CA 94404
 Email: smfcedfund@smfcsd.net Phone: (650) 312-7235

SMFC Education Foundation is a 501(c)(3) non-profit organization and donations are tax-deductible. Tax ID 94-3110731

Donor Name _____

Mailing Address _____

Phone _____ School _____

E-mail _____

SMFCEF publishes donor first and last names. If you prefer a different listing, specify here _____

I would like my name to remain anonymous (your name will not be included on any public list)

I would like to donate:

- \$100 \$1,000
 \$250 \$2,500
 \$500 Other \$ _____

Option 1: Check payable to **SMFC Education Foundation**

Option 2: Online by going to www.smfcedfund.org

Option 3: Monthly payment (please attach voided check):
 Debit my checking acct \$ _____ per month for _____ months

Option 4: Single or monthly credit card payments:
 Charge me \$ _____ one time *or*
 Charge me \$ _____ per month for _____ months

Credit Card # _____ Exp Date ____/____

Name on Card _____

Billing Address _____

Signature _____

My employer will/may match my donation

My employer has a volunteer program

Employer's name: _____

List your employer's name to determine if their matching program will increase your donation to SMFCEF.

Be an agent of change – VOLUNTEER!

YES, I would like to help

Preferred contact: Phone E-mail