



Digital Wish Donation Form

Donor Information:

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to be acknowledged publicly for my donation. (Yes / No)

Please use this name: _____

Donation To:

School Name: _____ State: _____

On Behalf of Teacher/Classroom Name: _____

Method of Payment

Total Donation Amount \$ _____.

Pay by Check: Make checks payable to "Digital Wish".

Add school and/or teacher's name to memo field of check.

Credit Card (*circle one*) Visa Mastercard Amex Discover

Credit card #: _____

Expiration Date: ____/____ CVV2 Code: _____

Exact name on card: _____

Credit Card Billing Address (if different from above):



Please return to school, mail, or fax to:

Digital Wish, Attention: Donations

PO Box 1072, Manchester Center, Vermont 05255-1072

Digital Wish Fax: 802-375-6860, Phone: (802) 375-6721

All donations will be immediately applied to classroom technology wishes!

