

# Donation Form

## Donor Information:

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

Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

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

Please use this name: \_\_\_\_\_

## Donation To:

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

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: School Donations

PO Box 1072, Manchester Center, Vermont 05255-1072

Digital Wish Fax: 845-402-7242, Phone: (802) 375-6721