

Thank You
For Your Support

Working together
for our children's future.

Can Do!



Dixie Children's Fund
P.O. Box 6182
San Rafael, CA 94903

Can Do! Annual Giving Campaign

Family Name*: _____ Phone: _____

Address: _____ City: _____ Zip: _____

* Please write your name as you would like it recognized in print. If you wish your gift to be anonymous, please check here

_____ Number of children attending Dixie School District schools

\$350 per child

\$1000 per child

\$500 per child

Other - Every donation is important

\$_____ Total Contribution Amount

My Child(ren): _____

Attend (check all that apply) Dixie Mary Silveira Vallecito Miller Creek

Payment Method:

- Cash/Check enclosed for full amount. (Make checks payable to DCF.)
- Post-dated checks enclosed for _____ installments of \$ _____ each.
- Charge my Visa/MC/AmEx the full amount of \$ _____ in (month) _____, 2008/2009. (no later than March 2009)
- Charge my Visa/MC/AmEx _____ installments of \$ _____ on ___ 1st or ___ 15th of each month starting _____, 2008.

Visa/MC/AmEx number: _____ Exp Date: ____ / ____ Security Code: _____

Billing Address: _____ Zip: _____ Signature: _____

- Pay online at www.dixiechildrensfund.org. Paypal account not required. Please return envelope for our records.
- My employer _____ will match my gift. I have enclosed form or processed on-line.

Thank You!

Your gift is tax-deductible. Please make check payable to Dixie Children's Fund (DCF), Tax ID 68-0298033.