



Yes, I (we) want to support **City Scholars Foundation** and its efforts to help after school programs better serve thousands of low-income and at-risk youth.

Name: (Mr./Mrs./Ms.): _____

Company: _____ Title: _____

Home or Business Address (please circle one): _____

City/State/ZIP Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Contribution Amount: (Payment Enclosed)

\$1,000 \$500 \$250 \$100 \$50 \$25 Other: \$ _____

Pledge Amount: Annual Monthly Quarterly

\$1,000 \$500 \$250 \$100 \$50 \$25 Other: \$ _____

Check enclosed in the amount of: \$ _____

Please arrange for:

Electronic Funds Transfer

Please charge my gift or pledge to:

VISA MasterCard

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____

Please arrange for automatic electronic payments (EFT) of my pledge from my checking account to begin the month following receipt of my pledge of \$ _____ per month. Please make my donation on the **1st or 15th** of the month (circle one).

(Please enclose a voided check or deposit slip and sign below.)

Signature _____

My or our employer(s) _____ **will match my/our gift.**

The matching gift form is enclosed. **Please let me know if my or our employer(s) will match my/our gift.**

I would like to make a gift in honor or in memory of a loved one or friend.

Occasion: _____

Please inform (name): _____

Address: _____

City/State/ZIP Code: _____

Relation to Honoree: _____

Please send me information about the tax advantages of charitable planned giving with City Scholars Foundation.

I would like my contribution to be anonymous.

Your contributions are tax-deductible to the fullest extent of the law. Tax-Exempt ID# 95-4435039.

Mail to: **City Scholars Foundation, 900 Wilshire Boulevard, Suite 1518, Los Angeles, CA 90017**

Phone: 213.627.1792 Fax: 213.614.8006

E-Mail: info@cityscholars.org Web: www.cityscholars.org