



## THE CITY OF SAN DIEGO

### DONOR CONTRIBUTION FORM

#### DONOR INFORMATION

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Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### GIFT AMOUNT

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- I/We wish to make a donation in the amount of \$ \_\_\_\_\_ .  
 I/We wish to be acknowledged in promotional materials. Please provide the way in which you wish to be acknowledged for your donation:

\_\_\_\_\_

#### GIFT PAYMENT

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- My check is enclosed and payable to: City Treasurer.

\*Please include the beneficiary on your check.

#### OTHER INFORMATION

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- I would like to receive periodic emails about City of San Diego initiatives and events.  
 I am interested in hearing about my options for leaving the City of San Diego a legacy gift.  
 The City of San Diego has been remembered in my/our will or estate plan.

#### RETURN FORM TO

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Please return form to: Corporate Partnership Program  
City of San Diego  
1200 Third Ave, Suite 1700  
San Diego, CA 92101  
Phone: 619-236-7002



*The City of San Diego is a legally qualified charitable beneficiary. The Federal Tax Identification Number for the City of San Diego is: 95-6000776. All gifts are tax deductible to the extent allowed by law.*