



Please mail or fax this form and your check or Credit Card Information to:
Fresno RiteCare Childhood Language Center
1435 'L' Street
Fresno, CA 93721
Fax (559) 389-7020

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to the Fresno RiteCare Childhood Language Center.

My name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP: _____

E-mail _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

____ Fresno RiteCare Childhood Language Center

____ Foundation Scholarships

Please Select the Scholarship _____

Is this a commemorative Donation? ____ No ____ Yes (Please supply us the name of the person)

____ Gift in memory of: _____

(name of deceased)

____ Gift in honor of: _____

(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

____ I prefer to make my donation by Credit Card (Please enter the information below)

____ American Express ____ Discover ____ Master Card ____ Visa Credit

Card Number _____ Exp. Date _____

Signature _____

**The Fresno RiteCare Childhood Language Center, a program of the
California Scottish Rite Foundation, thanks you for your continued support!**

Your contribution may be tax-deductible. We are a 501(c)(3) public charity, Tax ID 94-6078728