

SONOMA VALLEY FUND
An Affiliate of Community Foundation Sonoma County
2013 Annual Giving Campaign
DONATION/PLEDGE FORM

Yes, I want to support Sonoma Valley Fund

Your name(s) _____

Amount of Donation/Pledge \$ _____

- I agree to allocate my gift to support the Fund's operations
- My pledge will be paid over _____ months beginning in _____
- Other (please specify) _____

Name _____ Phone _____

Address _____

City _____ Zip _____ Email _____

Current payment options:

- Enclosed is my check to Sonoma Valley Fund
- Please have someone contact me about making a gift of marketable securities
- Please charge my credit card VISA Mastercard

Name (as appears on card) _____

CC billing address _____
(if different from above)

Card No. _____ Exp. Date _____

Signature _____ Date _____

Thank You for Giving!

Return to Joe Aaron, Sonoma Valley Fund, PO Box G, Sonoma, CA 95476