

**Khalsa Family Services, Inc
Donation Form**

Print, complete and mail this form for payments from your checking account or by credit card

Step 1 Donor information *Items marked with an asterisk ** are required*

First Name*: _____ Last Name*: _____
 First Name: _____ Last Name: _____
 Street Address*: _____
 City*: _____ State*: _____ Zip Code*: _____
 Phone - home*: _____ Phone - mobile: _____ Phone - work: _____
 email: _____

Step 2 Choose your donation amount and purpose *Any donation you make will qualify as an itemized deduction as a gift to charity on your federal and state tax returns. Certain donations may qualify for a state tax credit.*

<input type="checkbox"/>	100	<input type="checkbox"/>	200	<input type="checkbox"/>	400	<input type="checkbox"/>	xxxxx	<input type="checkbox"/>	Other	Charter School extracurricular activities <small>(this donation qualifies for a dollar-for-dollar state tax credit up to \$400)</small>
<input type="checkbox"/>	25	<input type="checkbox"/>	50	<input type="checkbox"/>	100	<input type="checkbox"/>	250	<input type="checkbox"/>	Other	Charter School supplies
<input type="checkbox"/>	25	<input type="checkbox"/>	50	<input type="checkbox"/>	100	<input type="checkbox"/>	250	<input type="checkbox"/>	Other	Private School supplies
<input type="checkbox"/>	25	<input type="checkbox"/>	50	<input type="checkbox"/>	100	<input type="checkbox"/>	250	<input type="checkbox"/>	Other	Khalsa Community Organization (KCO) Spanish program
<input type="checkbox"/>	100	<input type="checkbox"/>	250	<input type="checkbox"/>	500	<input type="checkbox"/>	1,000	<input type="checkbox"/>	Other	Khalsa Community Organization (KCO) teacher enrichment fund
<input type="checkbox"/>	100	<input type="checkbox"/>	250	<input type="checkbox"/>	500	<input type="checkbox"/>	1,000	<input type="checkbox"/>	Other	Use where it's most needed

Total donation amount

Step 3 When will you pay?

One-time donation Monthly through: *Monthly donations will be processed on the first business day of the month, and will continue through December, unless you choose another end month.*

Step 4 How will you pay? *A receipt will be mailed after each payment is processed.*

Checking account (please attach a voided check) Savings account

Please debit my bank account:

9 digit routing number: Bank account number:

Mastercard Visa Discover American Express

Please charge my credit card:

Credit card number: Expiration date: / Security code:

Step 5 Help us track our communication efforts

Parent Friend of the school referred by:

Staff member Other:

Step 6 Please Read and Sign

I understand that additional fees will apply for failed withdrawals from my bank account per the fee schedule listed in the financial policies. I understand that Khalsa Family Services, Inc absorbs the credit card processing fees at this time, and that this policy may change in the future.

Signed _____ Date: _____