



DONATION FORM

Help Us Protect Marin From Wildfire

FIRESAFEMARIN.ORG
(415) 570-4376

DONOR INFORMATION

Name _____

Mailing Address (St., Apt.) _____

City _____ State _____ Zip _____

Phone _____ Email _____

OPTIONAL

Apply to Fund:

Fund Group Name

Send info about recurring donations.

Send info about making a legacy gift.

No acknowledgement necessary.

MY CHECK IS ENCLOSED (payable to Firesafe Marin)

CHARGE MY CREDIT CARD

\$ _____
Donation Amount

_____ Name as it appears on card

_____ Credit Card Number _____ Expiration Date

_____ Cardholder Signature

Select One:

VISA

MasterCard

American Express

Discover

THIS IS A TRIBUTE GIFT

_____ Recipient Name _____ Email

_____ Mailing Address (St., Apt.)

_____ City _____ State _____ Zip

Select One:

In Memory of

In Honor of

In Celebration of

_____ Name

Personal Message to Recipient

OFFICE USE ONLY

RE ID	Appeal	Fund	Card sent	Date/Initials

FIRESafe MARIN is a 501(c)3 nonprofit organization. Our tax identification number (FEIN) 680375763.

Please return this form by email to info@firesafemarin.org or mail to: FIRESafe MARIN, P.O. Box 2831, San Anselmo, CA 94979