DONATION FORM

(Please Print Form)

YES! I want to help improve positive and honest communication between adults and youth, to encourage youth to make healthy choices, and to reduce teen pregnancy and HIV/STDS

NAME:_____

ADDRESS_____CITY_____ZIP_____

PHONE:_____

EMAIL:_____

- ☐ **I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS** (DONORS NAMES ARE PUBLISHED ONCE A YEAR IN "The Connections" TPCSMC's Newsletter

- ☐ This gift is in memory of: Name_____

- ☐ This gift is in honor of: Name_____

  Address_____

ENCLOSED IS MY/OUR GIFT OF

- ☐ $20
- ☐ $50
- ☐ $100
- ☐ $500
- ☐ $1,000
- ☐ OTHER

(please make checks payable to: TPCSMC. Your gift is tax deductible)

SEND YOUR DONATION TO
Teen Pregnancy Coalition of San Mateo County
703 Woodside Road, Suite #7
Redwood City, CA 94061