



**TAWAG Donation by Mail Form**

Please fill out this form, and mail along with your check made payable to TAWAG:

TAWAG  
P.O. Box 936  
San Leandro, CA 94577

Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Donors may designate some or all of their gift to specific project or program. Please indicate the project or program and the amount of each if for more than one project or program:

- 1) Project or Program: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 2) Project or Program: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 3) Project or Program: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 4) General Purpose Fund (TAWAG's discretion)  
Amount: \_\_\_\_\_

- ( ) I do authorize TAWAG to release my name and address to any beneficiary I am giving.  
( ) I do not authorize TAWAG to release my name, address, and other personal information to any beneficiary I am giving or otherwise.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_