



Donation Request

I would like to make a gift in the name of _____

In memory In honor

From: _____

Address: _____

Telephone: _____

E-mail: _____

Donation Amount: _____

Please mail an acknowledgment to:

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Payment Method: Check (enclosed) Credit Card (information below)

___ Visa ___ MC Card Number: _____ Expiration: _____

Name as it appears on card: _____

Please mail this form and your payment to Achievekids, 3860 Middlefield Road, Palo Alto, CA 94303



Donation Certificate

I made a gift in your name to Achievekids.

To: _____

From: _____

Achievekids is a non-profit organization that helps youth with complex disabilities find their full potential through an array of integrated mental health and special education services.

For more information about Achievekids, go to their website at www.achievekids.org.