



## Donation Form – Donor Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your contribution.

Please enclose a copy of this form and a check or money order made payable to the California Commission on the Status of Women and Girls and mail to:

California Commission on the Status of Women and Girls  
900 N Street, Suite 390  
Sacramento, CA 95814

Donations qualify for the purposes of a charitable contribution under Internal Revenue Code section 170(c)(1). Contact your tax preparer and let them know that the federal identification number for the Commission is 68-0285369. Please submit check or money order only. We apologize that we cannot accept cash or credit cards at this time.

**If this donation is being made in memory or in honor of another person, please let us know so that we can acknowledge the donation with the appropriate information:**

YES, in honor of someone     YES, in memory of someone

Name of honoree: \_\_\_\_\_

Please contact Nancy Kirshner-Rodriguez, Executive Director, at [Nancy.KirshnerRodriguez@women.ca.gov](mailto:Nancy.KirshnerRodriguez@women.ca.gov) or 916-651-5045 for additional information.