



DONATION FORM

Name: _____
(as you would like to be listed in the Annual Report)

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Enclosed is my check made payable to Oak Hill School

Please charge this gift to my: Visa Mastercard

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____ Billing Zip Code: _____

Please mail this form, and your check, if applicable, to:

Oak Hill School

Attention: Development Department

441 Drake Avenue

Marin City, CA 94965

Phone: (415) 331-7601

Thank you for your support!