PLEASANTON WEEKLY HOLIDAY FUND



Enclosed is a donation of: \$			
Name:			
Business Name:(Only required if businessname is to be listed			
Address:			
City/State/Zip:	/_		/
Email:		_ Phon	e:
Employer match (mark if yes)	: 🗖 Employer nan	ne:	
I wish to designate my contributi	on as follows (selec	tone):	
☐ In my name as shown above ☐ In the name of business above			e of business above
	-OR	\ -	
☐ In honor	of:	ory of:	☐ As a gift for:
	(Name of I	'erson)	
The Pleasanton Weekly Holiday Fund is a organization. A contribution to this fund a			Community Foundation, a 501(c)(3) charitable ctible to the fullest extent of the law.
All donors and their gift amounts ware checked:	vill be published in th	ıe Pleasan	nton Weekly unless the boxes below
☐ I wish to contribute anon	ymously.		
☐ Please withhold the amo	ount of my contribut	tion.	
Make checks payable to Three Valleys Community Foundation & send to:			



Pleasanton Weekly Holiday Fund c/o Three Valleys Community Foundation 5960 Inglewood Dr., Suite 201 Pleasanton, CA 94588