

FILOLI DONATION FORM

I would like to support Filoli continue its work preserving, interpreting and stewarding the cultural traditions and natural history of the country estate for public education and enjoyment.

Member # _____ Non-member _____

Today's Date: _____ Amount of Donation: _____

Your name _____

Address _____

City _____ State _____ Zip _____

Phone _____

This Gift is:

- A General Donation to Filoli.
- In Honor of someone. If so, whom? _____
- In Memory of someone. If so, whom? _____

Who would you like us to notify of this gift? (Such as the honoree, the family of the deceased, etc.)

Note: the amount of your gift will NOT be disclosed.

- Donor prefers to remain Anonymous.

Honoree name and address: _____

Please make your check out to **Filoli** or use the spaces below to give us your credit card number:

VISA/MC# _____ - _____ - _____ - _____ Exp. date _____

If you have any further questions concerning your donation, please feel free to call the Development Office at 650-364-8300, ext. 210.

