

Charitable Donation Form

Please make check payable to Oakmont Community Foundation. Mail To: OCF, 6637 Oakmont Drive, Suite A, Santa Rosa, CA 95409).

Or: place in OCF folder in OVA Office.		
Donor Name(s)		
		Phone
E-mail		
1. Enclosed is a donation of \$used in the best interest of the Oakmor		nunity Foundation General Fund, to be
2. Enclosed is a donation of \$following purpose by a specific, recogn		nmunity Foundation to be used for the nization:
Organization		Purpose
3. Enclosed is a donation of \$	to the Oakmont Con	nmunity Foundation Endowment Fund.
This donation is () in honor () in m	emory of	
Name(s) preference for recognition as a Donations are listed only by name and honoree,		
Donor Signature		Date
The Oakmont Community Foundation is a qualific exclusively for public, educational and charitable and applicable California law. Contributions may contributions must conform to the guidelines estated The OCF Tax ID number is: 20-5195609.	purposes within the meaning of S be tax deductible under Section 1	ection 501(c)(3) of the Internal Revenue Code 70 of the Internal Revenue Code. All
OCF Use Only.		
\$ Received on Date	Check No	OCF Signature
Confirmation letter sent to do	Date (Rev. 12/	Oakmont organization notified