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Last name:	First name:				
Home phone:	Cell phone: [
E-mail:					
Billing Address:	Apt:				
City: State:	Zip Code:				
☐ My/Our name should read as:					
☐ Please keep my donation anonymous					
Payment Info ☐ Check enclosed	☐ Please charge my credit card listed below				
Card Number:					
Security Code:	☐ MasterCard ☐ AMEX ☐ Discover				
I/we would like to make a one time donation to The San Diego River Park Foundation:					
☐ River Fund: Where most needed	\$				
Friend: \$40					
Senior (age 65+): \$20 River Champion: \$100					
River Steward: \$250					
Park Patron: \$500 Leadership Level: \$1,000					
☐ Open space acquisition project	\$				
_ , ,					
☐ River Center at Grant Park	\$				
□ Other :	\$				
□Please give me a call to discuss my gift					
in lease give life a call to discuss my gift					

** Return Completed Form to The San Diego River Park Foundation P.O. Box 80126, San Diego, CA 92138