

**Friends of Allensworth**

Please mail this completed form to:  
Friends of Allensworth  
2400 March Ave  
Bakersfield, CA 93313

**Donation Form:**

Please print this form and complete the information below to insure proper preparation of your tax receipt. (please print clearly)

**Today's Date:** \_\_\_\_\_

**Amount of Check:** \$\_\_\_\_\_ payable to Friends of Allensworth

**Donor Name:** \_\_\_\_\_

**Organization Name** (if applicable)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone Number:** (optional) \_\_\_\_\_ ( ) Home ( ) Mobile

**Note:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your questions and feedback are very important to us. Please feel free to contact us at [friends.of.allensworth.org](http://friends.of.allensworth.org) or call 1-877-245-6232

**Thank you for your support**