



My Contact Information: *(CRITICAL INFORMATION)*

Name: _____ *(indicate different addresses)*

Parent/Guardian: _____

Parent/Guardian: _____

Child's Name: _____ Grade _____

Child's Name: _____ Grade _____

Child's Name: _____ Grade _____

Address: _____

City, State, Zip: _____

EMAIL: _____

Phone: _____

NOTE: A portion of your gift (not to exceed 15%) may be applied to the District Equity Fund, per district policy.



Where do MY donations go?

Supporting **The Shark Fund** can help stem the tide of cuts and provide essential services not funded by the state. Your donations will give our kids a chance to learn the skills and make the contacts necessary to become our future leaders.

- Please check this box if you have any of the following:*
 SPECIAL CONTRIBUTION REQUEST; Employer Match, Stock Gifts,
 Contribution Acknowledgement *(We will contact you with information.)*

Thank you for your contribution!

(optional) Designate my funds to: _____
(Academic, Arts, Athletics, Other- please specify)

Signature

Exp. Date

Card #

Credit Card Payment VISA Mastercard

ONLINE PAYMENT - www.TheSharkFund.org

Check Enclosed - Payable to **The Shark Fund** My Contribution Amount: \$ _____

*My 100% tax-deductible contribution to **The Shark Fund** will help fund the PTSA, Arts, Science, Sports, and special programs at Malibu High School.*

[Tax ID # 55-0824407]

THE SHARK FUND



PLACE
STAMP
HERE



THE SHARK FUND

P.O. Box 2050 • Malibu CA 90265

www.thesharkfund.org