



DONOR INTENT FORM

Donor Name: _____

Donor Address: _____

Donor Phone: _____ Donor Email: _____

I am writing to express my intention to donate to:

Diablo Valley Giving Partners, 2711 Buena Vista Ave., Walnut Creek, CA 94597 - Tax ID: 94-1730025

Gift Description: _____

This gift is to be used by Diablo Valley Giving Partners as follows: (select one)

- Unrestricted purposes – *(Donation will be used for programs where most needed)*
- Restricted purposes* – *(Provide details below)*

DONOR PUBLICATION PERMISSION

Diablo Valley Giving Partners may publish donor names and/or donation amounts in publications that are accessible to the community. Donors are asked to grant either full or partial permission for their donation details to be included in these publications by selecting one of the options below:

- Include my name and donation
- Include only my name
- I wish that my name and donation amount remain unpublished/anonymous.

I warrant that I hold full and legal ownership rights to the above-described gift and transfer said ownership rights to Diablo Valley Giving Partners.

Donor Signature _____ Date: _____

Please mail this form to Diablo Valley Giving Partners, 2711 Buena Vista Ave., Walnut Creek, CA 94597, Attention: Treasurer or email to treasurer@dvgivingpartners.org

**Restricted gifts to be approved on behalf of Diablo Valley Giving Partners by:*

President (Signature)

Date

Treasurer (Signature)

Date