



Please complete this form for contributions, memorial gifts, or for honoring your friends and family on special occasions. A beautiful card will be sent to them in your name.

Once completed, mail this form and your gift to:

CHALLENGER LEARNING CENTER of the SAN FERNANDO VALLEY  
10701 BAILE AVENUE  
CHATSWORTH, CALIFORNIA 91311

Please accept my tax-deductible contribution of:

<i>Galactic Explorer</i>	<i>Star Commander</i>	<i>Starship Captain</i>	<i>Space Cowboy</i>	<i>Rocketeer</i>	<i>Test Pilot</i>	
<input type="radio"/> \$10,000	<input type="radio"/> \$5,000	<input type="radio"/> \$2,500	<input type="radio"/> \$1,500	<input type="radio"/> \$1,000	<input type="radio"/> \$500	<input type="radio"/> \$250 <input type="radio"/> \$100 <input type="radio"/> \$50
<input type="radio"/> Contact me about my contribution						<input type="radio"/> other: _____

**All contributions are tax-deductible as allowed by law. Tax ID # 54-2077044**

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (to be held in privacy)

Please keep me informed about the Challenger Learning Center of the San Fernando Valley

My gift is made:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_ of the occasion of \_\_\_\_\_

Please Notify

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

... We thank you for your generosity ...