



**The Oceanside
Charitable Foundation**
A proud affiliate of The San Diego Foundation

BECOME A MEMBER TODAY!
CHECK PAYMENT FORM

Name(s) _____ Date of Birth ____ / ____ / ____

Please print your name(s) as you prefer to be listed. If you would like to remain anonymous, please check here:

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to join the Oceanside Charitable Foundation at the following level:

- Community Leader: \$1,000** **Patron: \$2,500** **Pacesetter: \$5,000**
 Visionary: \$10,000 **Sponsor: \$25,000**

Payment options:

- Quarterly** **Bi-Annually** **Annually**

I would like to be a Founder by serving as a member at the above checked level for 5 years. (Limited to the first 100 members)

Check enclosed in the amount of \$ _____

MAILING INSTRUCTIONS

- Please make your tax-deductible contribution payable to **TSDF - Oceanside Charitable Foundation**
- Please mail this completed form and your check to the following address:

ATTN: Oceanside Charitable Foundation
The San Diego Foundation
2508 Historic Decatur Road, Ste. 200
San Diego, CA 92106



For more information, please contact Estela Mitrani at 619-814-1383 or estelam@sdfoundation.org