



Please mail or fax this form and your check or Credit Card Information to:
California Scottish Rite Foundation
C/O RiteCare Childhood Language Center of Los Angeles
2100 N. Broadway, Suite 350
Santa Ana, Ca. 92706
Fax (714) 541-7602

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to the RiteCare Childhood Language Center of Los Angeles.

My name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP: _____

E-mail _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

____ RiteCare Childhood Language Center of Los Angeles

____ Foundation Scholarships

Please Select the Scholarship _____

Is this a commemorative/tribute donation? ____ No ____ Yes (Please supply us the name of the person)

____ Gift in memory of: _____
(name of deceased)

____ Gift in honor of: _____
(name of individual)

Send notification of tribute gift to:

Name: _____

Address: _____

City/State/ZIP: _____

____ I prefer to make my donation by Credit Card (Please enter the information below)

____ American Express ____ Discover ____ Master Card ____ Visa Credit

Card Number _____ Exp. Date _____

Signature _____

The RiteCare Childhood Language Center of Los Angeles, a program of the California Scottish Rite Foundation, thanks you for your continued support!
Your contribution may be tax-deductible. We are a 501(c)(3) public charity, Tax ID 94-6078728