



Kidido! PARENT Business Partner 2018 - 2019
Yes, I Believe Quality Education is Everyone's Business!

Business Name: _____

Type of business: _____

Contact Person: _____

Parent(s) Name in District: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Website: _____

I would like to be a Business Partner (refer to Benefits Page included). Your Business Partner contribution INCLUDES your donation to the Kidido! Annual Campaign.
Please CIRCLE the Donor Level that applies to you:

	District Leader	District Partner	School Partner	Grade Partner
1 child in MVSD	\$7500	\$5000	\$2500	\$1650
2 children	\$7500	\$5000	\$3450	\$3000
3+ children	\$7500	\$5000	\$4800	\$4350

TOTAL DONATION: \$ _____

Payment Options: **Recognition begins after first donation is RECEIVED**

- One Time** - my check is enclosed or charge my credit card below
- Multiple** - all payments may be adjusted to be received in full by **6/30/19**

Credit Card #: _____ Exp: _____ Security Code: _____

Name on card: _____

Billing Address: _____

Charge my credit card: \$ _____ per month for _____ months

All credit card charges will include 2.5% processing fee

Debit my checking account: \$ _____ per month for _____ months (Our preferred method: enclose a voided check)

Please donate online (www.kidido.org) or mail form and payment to: Kidido! 409 Sycamore Ave., Mill Valley, CA 94941
Kristy Farnsworth, Business Programs Manager, (ph) 415.389.7792, (f) 415.389.7766 kfarnsworth@kidido.org

For Office Use Date Rec'd: _____ Entered RP: _____
