

Student Matching Donation Form

Please mail this form or donate online at: www.oaklandliteracy.com/studentmatch.

Reply by October 31, 2020, and your gift will be matched 5 times!*

- 1) **YES, I would like to help more students learn to read, write, speak English, and use the computer.**

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

E-mail: _____ Phone: _____

- 2) **I am making a gift of:**

☐ \$10 ☐ \$20 ☐ \$50 ☐ \$100 ☐ Other Amount \$ _____

- 3) **Payment:**

☐ **Check** – Please make checks payable to **Oakland Literacy Council**.

☐ **Credit Card** – Visa, Mastercard, or American Express

Card number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Signature: _____

- 4) **Tutor Dedication (not required):**

☐ **I want to thank and honor my tutor or group leader with this dedication.**

My tutor's name: _____

Message for my tutor: _____

* Total of \$5000 in matching funds available.



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