

## **Contribution Form**

Thank you for supporting our mission to serve all Californians by advancing diversity, equity, and inclusion within the water industry through education, research and workforce development.

Please complete the information below to ensure we can properly process and acknowledge your contribution.

| YOUR INFORMATION   |   |
|--|---|
| Name (First & Last Name)                                 |   |
|  |   |
| Organization Name (Fill out if you're making your contri | bution on behalf of an organization)            |
|  |   |
| Full Address (Provide company address if making a contr  | ibution on behalf of an organization)           |
|  |   |
| Email  | Phone Number                                    |
|  |   |
| CONTRIBUTION OPTIONS                                     |   |
| Organizational / Agency / Corporate Contributions        | Individual Contributions                        |
| Sustaining partner – contribute annually to the          | Sustaining partner – contribute annually to the |
| ACWA Foundation  | ACWA Foundation                                 |
| One-time contribution                                    | One-time contribution                           |
| Select Contribution Level                                | Select Contribution Level                       |
| \$5,000+: \$   | Ambassador (\$5,000+): \$                       |
| \$3,000+: \$   | Benefactor (\$1,000+): \$                       |
| \$1,000+: \$   | Friend (\$500+): \$                             |
|  |   |
| PAYMENT  |   |
| Make check payable to ACWA Foundation                    |   |

Mail check and this completed form to ACWA Foundation, c/o Lisa Mealoy, 980 9th Street, Ste. 1000, Sacramento, CA 95814