**Donation Form**

**I would like to support Raices Del Saber Xinachtli Community School**

**My Donation is:**

**I am paying: 𝥀 Check 𝥀 Cash 𝥀 Card 𝥀 Supplies 𝥀 Items**

**Card Number:**

**Expiration Date:**

**Signature:**

**Name as it is on the Card:**

**Address:**

**Phone Number:**

**𝥀 Please keep my donation private**

**𝥀 Please send me a tax exemption receipt**

**Raices Del Saber Xinachtli Community Charter School**

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