



2650 TRUXTUN RD., STE 201, SAN DIEGO, CA, 92106

619-259-0184

INFO@THEROSINBOXPROJECT.COM

WWW.THEROSINBOXPROJECT.COM

CARLY TOPAZIO | ARTISTIC DIRECTOR, FOUNDER

Contributor Information: (Your information is kept confidential)

**Required Fields*

*First Name:		*Last Name:	
*Street Address:			
Street Address 2:			
*City:		*State:	*Zip:
*Phone:		*Email	

Donation/Pledge Amount:

Please Select One:

- Donation (payment enclosed) Pledge

A ONE-TIME DONATION, IN THE AMOUNT OF:

- \$5000 \$2500 \$1000 \$500 \$250 \$100 \$50 Other: \$ _____

A RECURRING DONATION AS FOLLOWS:

A sum of the \$ _____ Once Every: Week Month Quarter Year

for _____ # of Installments, OR indefinitely, until I request it cease.

Purpose or Acknowledgement:

- In Honor of _____
- In Memory of _____
- In Sponsorship of _____
- Specific Acknowledgement Request _____
- I would like my contribution to remain anonymous

Method of Payment:

I am paying my donation/pledge amount by (please check all applicable):

- Check (including Donor Advised Funds and third party checks)
- Credit/Debit Card (Kindful Transaction, please see below)*
- Cash Electronic Funds Transfer/Bank Wire Stock Donation In Kind Donation

*We understand and value your confidential information. To **pay by Credit Card**, please do so by completing payment information at www.therosinboxproject.com/support
Please note additional fees may apply for electronic payments or funds transfer, and a mailed check may be preferable to avoid transaction fees.

*Please make all checks payable to **The Rosin Box Project, Inc.**
Please mail checks not delivered in-person to the following address:

**Attn: Katie Walsh
The Rosin Box Project
2650 Truxtun Rd, Ste 201
San Diego, CA, 92106**

*To **pay by phone**, or if you have any questions, please call **Development Manager, Katie Walsh**, at **619-289-7321**.

Agreement:

Upon receipt of your donation, you will be sent a receipt/acknowledgment letter from our donor management software, Bloomerang.

This donation/pledge is to be received before or by _____ of **2026**.

I am aware and acknowledge that when making this gift and future gifts to The Rosin Box Project, I am making it of my own free will and that once the asset is transferred it becomes the property of The Rosin Box Project to be used for charitable and educational purposes as outlined by the organization and its Board of Directors. Contributions to The Rosin Box Project are deemed charitable under section 501 (a) of the Internal Revenue Code as an organization described in Section 501 (c) (3). Payments must be received before the end of the year to be eligible for a tax deduction in that year. Checks must be made payable The Rosin Box Project. We will not share your personal information for marketing or promotional purposes to unaffiliated entities.

Donor Signature

Donor Name (please print)

PLEASE FILL OUT FORM AND RETURN IT WITH ANY METHODS OF PAYMENT APPLICABLE (I.E. CHECK)